| Fill in this information to identify your case: |                                 |                                   |
|---|---------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                   |
| MIDDLE DISTRICT OF PENNSYLVANIA                 | _                               |                                   |
| Case number (if known)                          | _ Chapter you are filing under: |                                   |
|   | ☐ Chapter 7                     |                                   |
|   | ☐ Chapter 11                    |                                   |
|   | ☐ Chapter 12                    |                                   |
|   | Chapter 13                      | ☐ Check if this an amended filing |

### Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself   |   |      |  |
|----|---|---|------|--|
|    |   | About Debtor 1:                                   | Abo  | ut Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name  |   |      |  |
|    | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Michele First name  A. Middle name                |      | name dle name                              |
|    | Bring your picture identification to your meeting with the trustee.   | Williams Last name and Suffix (Sr., Jr., II, III) | Last | name and Suffix (Sr., Jr., II, III)        |
| 2. | All other names you have used in the last 8 years   |   |      |  |
|    | Include your married or maiden names.   |   |      |  |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)         | xxx-xx-4037                                       |      |  |

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |
|----|---|---|--|--|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |  |  |
|    |   | EINs  | EINs   |  |  |
| 5. | Where you live  | 670 Kittatinny Drive  | If Debtor 2 lives at a different address:  |  |  |
|    |   | Chambersburg, PA 17202  Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |
|    |   | Franklin  |  |  |  |
|    |   | County  | County   |  |  |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |
| 6. | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |
|    |   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |
|    |   |   |  |  |  |

| Der | NOT I WIICHEIE A. WIIIIAM   | 15     |                                   |  |                           | Case                                    | Turriber (if known)                             |  |
|-----|---|--------|-----------------------------------|--|---------------------------|---|---|--|
|     |   |        |                                   |  |                           |   |   |  |
| Par | t 2: Tell the Court About   | Your B | ankruptcy Ca                      | ise  |                           |   |   |  |
| 7.  | The chapter of the Bankruptcy Code you are  |        |                                   | orief description of each, see<br>go to the top of page 1 and                |                           |   |   | luals Filing for Bankruptcy  |
|     | choosing to file under  | □с     |                                   |  |                           |   |   |  |
|     |   | □с     | hapter 11                         |  |                           |   |   |  |
|     |   | □с     | hapter 12                         |  |                           |   |   |  |
|     |   | ■ C    | hapter 13                         |  |                           |   |   |  |
| 8.  | How you will pay the fee  | •      | about how yo                      | ou may pay. Typically, if you attorney is submitting your                    | are paying                | the fee yourself                        | f, you may pay with cash                        | or local court for more details n, cashier's check, or money h a credit card or check with |
|     |   |        | I need to pay                     | y the fee in installments. If  |                           |   | gn and attach the <i>Applic</i>                 | ation for Individuals to Pay   |
|     |   |        | •                                 | ee <i>in Installment</i> s (Official Fo<br>at <b>my fee be waived</b> (You m |                           |   | if you are filing for Cha                       | oter 7. By law, a judge may  |
|     |   |        | but is not req<br>that applies to | uired to, waive your fee, and  | d may do s<br>re unable t | o only if your inc<br>to pay the fee in | ome is less than 150% installments). If you cho | of the official poverty line oose this option, you must fill                               |
| 9.  | Have you filed for  | □ No   | ).                                |  |                           |   |   |  |
|     | bankruptcy within the last 8 years?   | ■ Ye   | es.                               |  |                           |   |   |  |
|     |   |        | District                          | Middle District of Pa  | When                      | 6/30/15                                 | Case number                                     | 1:15-bk002801-MDF  |
|     |   |        | District                          |  | When                      |   | Case number                                     |  |
|     |   |        | District                          |  | When                      |   | Case number                                     |  |
| 10. | Are any bankruptcy cases pending or being   | ■ No   | )                                 |  |                           |   |   |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Ye   | es.                               |  |                           |   |   |  |
|     |   |        | Debtor                            | -  |                           |   | Relationship to y                               | ou   |
|     |   |        | District                          |  | When                      |   | Case number, if                                 | known  |
|     |   |        | Debtor                            |  |                           |   | Relationship to y                               |  |
|     |   |        | District                          |  | When                      |   | Case number, if                                 | known  |
| 11. | Do you rent your residence?   | ■ No   | Go to l                           | ine 12.  |                           |   |   |  |
|     |   | □ Ye   | es. Has yo                        | our landlord obtained an evid  | tion judgm                | ent against you                         | and do you want to stay                         | in your residence?   |
|     |   |        |                                   | No. Go to line 12.   |                           |   |   |  |
|     |   |        |                                   | Yes. Fill out <i>Initial Stateme</i> bankruptcy petition.                    | nt About a                | n Eviction Judgn                        | nent Against You (Form                          | 101A) and file it with this  |
|     |   |        |                                   |  |                           |   |   |  |

| art     | 3: Report About Any Bu   | sinesses               | You Own as a Sole Propr  | ietor   |  |  |  |
|---------|--|------------------------|--|---|--|--|--|
|         | Are you a sole proprietor of any full- or part-time business?  | ■ No.                  | Go to Part 4.  |   |  |  |  |
|         |  | ☐ Yes.                 | Name and location of b   | pusiness  |  |  |  |
|         | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. |                        | Name of business, if an  | ny  |  |  |  |
|         | If you have more than one sole proprietorship, use a separate sheet and attach   |                        | Number, Street, City, S  | state & ZIP Code  |  |  |  |
|         | it to this petition.   |                        | Check the appropriate  | box to describe your business:  |  |  |  |
|         |  |                        | ☐ Health Care Bu   | siness (as defined in 11 U.S.C. § 101(27A))   |  |  |  |
|         |  |                        | ☐ Single Asset Re  | eal Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |  |
|         |  |                        | ☐ Stockbroker (as  | s defined in 11 U.S.C. § 101(53A))  |  |  |  |
|         |  |                        |  | ker (as defined in 11 U.S.C. § 101(6))  |  |  |  |
|         |  |                        | ☐ None of the abo  | - ' ' '   |  |  |  |
|         | Chapter 11 of the Bankruptcy Code and are you a small business debtor?   | operatior<br>in 11 U.S |  | re a small business debtor, you must attach your most recent balance sheet, statement of<br>d federal income tax return or if any of these documents do not exist, follow the procedure |  |  |  |
|         | For a definition of <i>small</i> business debtor, see 11 U.S.C. § 101(51D).  | ■ No.                  | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |   |  |  |  |
|         |  | ☐ Yes.                 | I am filing under Chapt  | er 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  |  |  |  |
| ) a m ( | Parant if Vary Over an   | Have An                | . Hamandaya Brancosty and  | No. Description That No edg large distantian  |  |  |  |
| art     | •  |                        | , nazardous Property or A  | Any Property That Needs Immediate Attention   |  |  |  |
|         | Do you own or have any property that poses or is   | No.                    |  |   |  |  |  |
|         | alleged to pose a threat of imminent and identifiable hazard to public health or safety?   | ☐ Yes.                 | What is the hazard?  |   |  |  |  |
|         | Or do you own any property that needs immediate attention?   |                        | If immediate attention is needed, why is it needed   | ?   |  |  |  |
|         | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                                |                        | Where is the property?   |   |  |  |  |
|         | · ,  |                        |  | Number, Street, City, State & Zip Code  |  |  |  |

Michele A. Williams Debtor 1

Case number (if known)

Part 5:

### Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15

I am not required to receive a briefing about credit counseling because of:

П

I have a mental illness or a Incapacity. П mental deficiency that makes me incapable of realizing or making rational decisions

about finances.

My physical disability causes Disability.

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active П military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a | briefing about credit |
|--------------------------------|-----------------------|
| counseling because of:         |                       |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

Disability. My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form Case 1:15-bk-05452-Mentary Politica for Individual 2 Filipping Backfilletted 12/29/15 18:43:55 page 5 Page 5 of 61 Main Document

| Deb | ebtor 1 Michele A. Williams Case number (if known)                                      |   |  |   |   |
|-----|---|---|--|---|---|
| Par | 6: Answer These Questi  | ons for Rep                                 | oorting Purposes   |   |   |
| 16. | What kind of debts do you have?   |   |  | nsumer debts? Consumer debts are nal, family, or household purpose."  | e defined in 11 U.S.C. § 101(8) as "incurred by an  |
|     |   | ı   | ☐ No. Go to line 16b.  |   |   |
|     |   | İ   | Yes. Go to line 17.  |   |   |
|     |   |   |  | siness debts? Business debts are detection of the   |   |
|     |   | ı   | ☐ No. Go to line 16c.  |   |   |
|     |   | I   | ☐ Yes. Go to line 17.  |   |   |
|     |   | 16c.  | State the type of debts you ov                               | ve that are not consumer debts or bu  | isiness debts   |
| 17. | Are you filing under Chapter 7?   | ■ No.                                       | am not filing under Chapter                                  | 7. Go to line 18.   |   |
|     | Do you estimate that after any exempt property is excluded and                          |   |  | o you estimate that after any exempt<br>will be available to distribute to unse   | property is excluded and administrative cured creditors?  |
|     | administrative expenses   | ı   | □ No   |   |   |
|     | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? | I   | □Yes   |   |   |
| 18. | How many Creditors do you estimate that you owe?  | ■ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999 |  | ☐ 1,000-5,000<br>☐ 5001-10,000<br>☐ 10,001-25,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than100,000   |
|     |   | <b>L</b> 200-998                            | <b>)</b>   |   |   |
| 19. | How much do you estimate your assets to be worth?                                       | <b>\$100,00</b>                             | 0,000<br>1 - \$100,000<br>01 - \$500,000<br>01 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 millior | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
|     |   |   |  |   |   |
| 20. | How much do you estimate your liabilities to be?  | <b>\$100,00</b>                             | 0,000<br>1 - \$100,000<br>01 - \$500,000<br>01 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 millior | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion |
| Par | 7: Sign Below   |   |  |   |   |
| For | you   | I have exa                                  | mined this petition, and I decl                              | are under penalty of perjury that the   | information provided is true and correct.   |
|     |   |   |  |   | gible, under Chapter 7, 11,12, or 13 of title 11, d I choose to proceed under Chapter 7.                                  |
|     |   |   |  | ot pay or agree to pay someone who<br>notice required by 11 U.S.C. § 342(l  | is not an attorney to help me fill out this b).   |
|     |   | I request re                                | elief in accordance with the cl                              | napter of title 11, United States Code  | e, specified in this petition.  |
|     |   | bankruptcy<br>1519, and                     | case can result in fines up to 3571.                         |   | oney or property by fraud in connection with a to 20 years, or both. 18 U.S.C. §§ 152, 1341,                              |
|     |   |   | le A. Williams<br>A. Williams<br>of Debtor 1                 | Signature of D  | Debtor 2  |
|     |   | Executed of                                 | December 15, 2015<br>MM / DD / YYYY                          | Executed on   | MM / DD / YYYY  |

| Debtor 1 | Michele A. Williams | Case number (if known) |  |
|----------|---------------------|------------------------|--|
|          |                     |                        |  |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Stephen Wade Parker Signature of Attorney for Debtor | Date          | December 15, 2015<br>MM / DD / YYYY |
|--|---------------|-------------------------------------|
| Stephen Wade Parker Printed name                         |               |                                     |
| Mooney and Associates Firm name                          |               |                                     |
| 230 York Street<br>Hanover, PA 17331                     |               |                                     |
| Number, Street, City, State & ZIP Code                   |               |                                     |
| Contact phone (717) 632-4656                             | Email address | info@mooney4law.com                 |
| Bar number & State                                       |               | <u> </u>                            |

| Eill          | in this information to ide                           | ntify your case:  |   |           |                                |
|---------------|--|---|---|-----------|--------------------------------|
|               |  |   |   |           |                                |
| Den           | First Name   | A. Williams  Middle Name  | Last Name   |           |                                |
|               | tor 2 use if, filing) First Name                     | Middle Name   | Last Name   |           |                                |
| ` .           | ed States Bankruptcy Cou                             |   | OF PENNSYLVANIA   |           |                                |
| Office        | ed States Ballkruptcy Cou                            | IN IOI THE. WIDDLE DISTRICT   | OI I ENNOTEVANIA  |           |                                |
| Cas<br>(if kn | e number<br>own)                                     |   |   | □ Ch      | eck if this is an              |
|               | ·  |   |   | _         | nended filing                  |
|               |  |   |   |           |                                |
| Of            | icial Form 1069                                      | Sum   |   |           |                                |
| Su            | mmary of Your A                                      | ssets and Liabilities   | and Certain Statistical Information   |           | 12/15                          |
| info          | mation. Fill out all of you original forms, you must | r schedules first; then completed fill out a new Summary and control of the school of | cople are filing together, both are equally responsible te the information on this form. If you are filing ame check the box at the top of this page. |           |                                |
| Pall          | Summarize four As                                    | 55615   |   |           |                                |
|               |  |   |   |           | r assets<br>ue of what you own |
| 1.            | Schedule A/B: Property                               | (Official Form 106A/B)  |   |           |                                |
|               |  |   |   | \$ _      | 260,000.00                     |
|               | 1b. Copy line 62, Total pe                           | ersonal property, from Schedule   | A/B   | \$_       | 39,031.00                      |
|               | 1c. Copy line 63, Total of                           | all property on Schedule A/B  |   | \$_       | 299,031.00                     |
| Part          | 2: Summarize Your Li                                 | abilities   |   |           |                                |
|               |  |   |   |           | r liabilities<br>ount you owe  |
| 2.            |  | ho Have Claims Secured by Proj<br>ed in Column A, Amount of clair   | perty (Official Form 106D)<br>n, at the bottom of the last page of Part 1 of <i>Schedule D</i> .  | \$_       | 328,774.00                     |
| 3.            |  | Who Have Unsecured Claims (O from Part 1 (priority unsecured  | fficial Form 106E/F)<br>claims) from line 6e of <i>Schedule E/F</i>   | \$_       | 1,650.00                       |
|               | 3b. Copy the total claims                            | from Part 2 (nonpriority unsecu   | red claims) from line 6j of Schedule E/F  | . \$_     | 64,989.00                      |
|               |  |   | Your total liabilitie   | s \$      | 395,413.00                     |
| Dow           | O. Cummonina Vaus In                                 |   |   |           |                                |
| Part          |  | come and Expenses   |   |           |                                |
| 4.            | Schedule I: Your Income Copy your combined mon       |   | edule I   | \$_       | 5,109.51                       |
| 5.            | Schedule J: Your Expens<br>Copy your monthly expen   |   |   | \$_       | 3,785.18                       |
| Part          | 4: Answer These Que                                  | stions for Administrative and   | Statistical Records   |           |                                |
| 6.            |  | uptcy under Chapters 7, 11, or g to report on this part of the for  | 13? m. Check this box and submit this form to the court with  | your othe | r schedules.                   |
| 7.            | ■ Yes What kind of debt do yo                        | u have?   |   |           |                                |
|               | Vour dobte ere min                                   | narily concumer debte.  | mor dobte are those "incurred by an individual primarily f  |           | and families as                |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

7,007.69

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total cla | im       |
|--|-----------|----------|
| From Part 4 on Schedule E/F, copy the following:   |           |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$        | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$        | 1,650.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$        | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$        | 0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$        | 1,650.00 |

| ΞIII                 | in this informati                    | ion to identify   | your case and                                | l this filin              | g:  |                |   |            |                                   |
|----------------------|--------------------------------------|---|--|---------------------------|---|----------------|---|------------|-----------------------------------|
| Deb                  | otor 1                               | Michele A. V  | Villiams                                     |                           |   |                |   |            |                                   |
|                      |                                      | First Name  | Mi   | ddle Name                 | Last Name   |                |   |            |                                   |
|                      | otor 2<br>use, if filing) F          | First Name  | Mi   | ddle Name                 | Last Name   |                |   |            |                                   |
| Uni                  | ted States Bankrı                    | uptcy Court for   | rthe: MIDDLE                                 | DISTRIC                   | T OF PENNSYLVANIA   |                |   |            |                                   |
| Cas                  | se number                            |   |  |                           |   |                |   |            | eck if this is an<br>ended filing |
| Sc<br>n ea<br>t fits | best. Be as comp<br>space is needed, | A/B: Pt<br>ately list and de<br>elete and accura<br>attach a separa | roperty escribe items. Liste as possible. If | two marrie<br>orm. On the | only once. If an asset fits in more than one<br>ed people are filing together, both are equal<br>e top of any additional pages, write your nar<br>Estate You Own or Have an Interest In | ly responsible | e for supplying                                       | correct in | formation. If                     |
| _                    | No. Go to Part 2. Yes. Where is the  | property?   |  |                           |   |                |   |            |                                   |
| 1.1                  |                                      |   |  | Wha                       | t is the property? Check all that apply   |                |   |            |                                   |
|                      | Street address, if ava               | *   | scription                                    | _ =                       | Single-family home Duplex or multi-unit building Condominium or cooperative   | amount of      | duct secured cla<br>any secured cla<br>Who Have Clain | ims on Sc  |                                   |
|                      | Chambersbu                           |   | 17202-0000                                   |                           |   | entire pro     | · _ ·   |            | value of the you own?             |
|                      | City                                 | State   | ZIP Code                                     |                           |   | \$1            | 75,000.00   |            | \$175,000.00                      |
|                      |                                      |   |  |                           |   | Describe       |   |            |                                   |
|                      |                                      |   |  |                           | Other   | (such as       |   |            | ship interest<br>e entireties, or |
|                      |                                      |   |  | Who                       | has an interest in the property? Check one  |                | the nature of your fee simple, tenante), if known.    |            |                                   |
|                      | Franklin                             |   |  | Who                       | has an interest in the property? Check one<br>Debtor 1 only   |                | fee simple, tena                                      |            |                                   |
|                      | Franklin County                      |   |  | Who                       | has an interest in the property? Check one<br>Debtor 1 only<br>Debtor 2 only  | à life esta    | fee simple, tend<br>te), if known.                    | ancy by th | e entireties, or                  |
|                      |                                      |   |  | Who                       | has an interest in the property? Check one<br>Debtor 1 only<br>Debtor 2 only  | à life esta    | fee simple, tena                                      | ancy by th | e entireties, or                  |

Official Form 106A/B

Schedule A/B: Property

page 1

| Deb        | tor 1 <b>_i</b>   | Michele A.                                  | William             | าร   |                       |  | Case number (if known)                 |                   |                                   |
|------------|---|---|---------------------|--|-----------------------|--|--|-------------------|-----------------------------------|
|            | If you o  | own or hav                                  | e more              | than one, lis  | t here:               |  |  |                   |                                   |
| 1.2        |   |   |                     |  |                       | t is the property? Check all that apply  |  |                   |                                   |
|            | 159 E. McKinley Street Street address, if available, or other description |   |                     |  |                       | Single-family home   | Do not deduct secu                     |                   |                                   |
|            | Street addı   | ress, if available,                         | or other de         | escription   |                       | Duplex or multi-unit building  | amount of any sectoreditors Who Have   |                   |                                   |
|            |   |   |                     |  |                       | Condominium or cooperative   | 0.00.0.0.0                             | o ciamio cocaro   | a by Tropolity                    |
|            |   |   |                     |  |                       | Manufactured or mobile home  | Current value of t                     | he Curren         | t value of the                    |
|            | Chamb   | ersburg                                     | PA                  | 17201-0000   | <u> </u>              | Land   | entire property?                       | portion           | you own?                          |
|            | City  |   | State               | ZIP Code   |                       | Investment property  | \$85,000                               | ).00              | \$85,000.00                       |
|            |   |   |                     |  |                       |  | Describe the natu                      | re of your owne   | rship interest                    |
|            |   |   |                     |  |                       |  | (such as fee simp                      | le, tenancy by th |                                   |
|            |   |   |                     |  | Who                   | has an interest in the property? Check o   | ne a life estate), if kn               | OWII.             |                                   |
|            | Frankli   | in  |                     |  |                       | Debtor 1 only  |  |                   |                                   |
|            | County  |   |                     |  | _                     | ,  |  |                   |                                   |
|            | ,   |   |                     |  |                       | 1  | Check if this (see instructions        | is community pr   | roperty                           |
|            |   |   |                     |  |                       | At least one of the debtors and another<br>r information you wish to add about thi | •                                      | ;)                |                                   |
|            |   |   |                     |  | ргор                  | erty identification number:  |  |                   |                                   |
|            |   |   |                     |  |                       | your entries from Part 1, includin   |  | \$2               | 260,000.00                        |
| Part:      | 2: Descr  | ibe Your Vehi                               | icles               |  |                       |  |  |                   |                                   |
|            | No<br>Yes   |   |                     |  |                       |  |  |                   |                                   |
| 3.1        | Make:   | Volkswa                                     | agon                |  | Who has a             | n interest in the property? Check one  | Do not deduct sec<br>the amount of any |                   |                                   |
|            | Model:  | CC  |                     |  | ☐ Debtor              | •  | Creditors Who Ha                       |                   |                                   |
|            | Year:   | 2012  |                     |  | Debtor                |  | Current value of                       |                   | t value of the                    |
|            | • • •   | imate mileage:                              |                     | 21,000   | _                     | 1 and Debtor 2 only  | entire property?                       | portion           | you own?                          |
|            | Other in  | nformation:                                 |                     |  | At least              | one of the debtors and another   |  |                   |                                   |
|            |   |   |                     |  |                       | if this is community property tructions)   | <b>\$19,050</b>                        | .00               | \$9,525.00                        |
| Ex  5 A .p | No Yes  dd the dages you  | Boats, trailer  ollar value o  u have attac | s, motors of the po | s, personal wate<br>ortion you own<br>Part 2. Write th<br>Household Item | for all of just numbe | reational vehicles, other vehicles, ing vessels, snowmobiles, motorcyc             | ele accessories                        |                   | \$9,525.00  value of the you own? |
|            |   |   |                     |  |                       |  |  | Do not de         | educt secured                     |

Official Form 106A/B

Schedule A/B: Property

page 2

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| D  | ebtor 1                   | Michele A. V  | Villiams Case number (if known)   |  |
|----|---------------------------|---|---|--|
| 6. |                           | old goods and fles: Major appliar                       | furnishings<br>nces, furniture, linens, china, kitchenware  |  |
|    | ■ Yes.                    | Describe  | Cumiture, Cafe Badraam furniture dining reem table  | \$1 200 <b>0</b> 0                       |
|    |                           |   | Furniture: Sofa, Bedroom furniture dining room table  | \$1,200.00                               |
|    |                           |   | Appliances: Microwave, Refrigerator Blender Washer Dryer  | \$1,000.00                               |
| 7. | □No                       | les: Televisions a                                      | nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music phones, cameras, media players, games  Audio-Video: Ipad, Tv | collections; electronic devices \$200.00 |
|    |                           |   | / Natio Trade Page 17   |  |
| 8. | Example  No               |   | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coi ons, memorabilia, collectibles                          | n, or baseball card collections;         |
| 9. | Exampl                    | ent for sports a<br>les: Sports, photo<br>musical instr | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes  | and kayaks; carpentry tools;             |
|    | ■ No<br>□ Yes.            | Describe  |   |  |
| 10 | ■ No                      |   | s, shotguns, ammunition, and related equipment  |  |
| 11 | . Clothe<br>Examp<br>□ No | s   | othes, furs, leather coats, designer wear, shoes, accessories  Clothes: Clothing  | \$300.00                                 |
|    |                           |   | <u> </u>  |  |
| 12 | □ No                      |   | welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,   |  |
|    |                           |   | Jewelry: Jewelry  | \$500.00                                 |
| 13 | Examp<br>□ No             | arm animals<br>ples: Dogs, cats,                        | birds, horses   |  |
|    | ■ Yes.                    | Describe  | 1 dog   | \$0.00                                   |
| 14 | ■ No                      | her personal an   | d household items you did not already list, including any health aids you did not list  |  |
| 1  |                           |   | of all of your entries from Part 3, including any entries for pages you have attached number here   | \$3,200.00                               |

Official Form 106A/B Schedule A/B: Property page 3

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| Debtor 1             | Michele A. Willian   | ns   | Case number (if known)  |   |
|----------------------|--|--|---|---|
| Part 4: D            | Describe Your Financial As   | eate   |   |   |
|                      |  | or equitable interest in any                                 | portion Do not d  | value of the you own? educt secured r exemptions. |
| □ No                 | mples: Money you have i  |  | in a safe deposit box, and on hand when you file your petition  |   |
| ■ Yes                | 5  |  | Cash:<br>Emergency<br>Savings   | \$1,000.00  |
|                      |  |  | s; certificates of deposit; shares in credit unions, brokerage houses, and on the same institution, list each.              | other similar                                     |
|                      | 3  |  | Institution name:   |   |
|                      | 17.  | 1.   | Checking Account: Joint Checking  | \$200.00  |
|                      | 17.  | 2.   | Savings Account: Emergency Savings  | \$1,000.00  |
| Exan<br>□ No<br>-    | <b>ls, mutual funds, or pu</b> <i>nples:</i> Bond funds, inves   |  |   | \$150.00  |
|                      |  | Stock. Shenter Stock   | <u> </u>  | \$150.00  |
| and j<br>■ No        | joint venture s. Give specific informat  | nd interests in incorporate ion about them                   | ed and unincorporated businesses, including an interest in an LLC, % of ownership:  | partnership,                                      |
| Nego<br>Non-<br>■ No | otiable instruments includence of the control of th | le personal checks, cashiers<br>are those you cannot transfe | le and non-negotiable instruments ' checks, promissory notes, and money orders. r to someone by signing or delivering them. |   |
| Exan<br>□ No<br>-    | ement or pension acco<br>mples: Interests in IRA, E  | <b>unts</b><br>:RISA, Keogh, 401(k), 403(b                   | o), thrift savings accounts, or other pension or profit-sharing plans   |   |
| ■ Yes                | s. List each account sepa<br>Tyl   | arately.<br>De of account:                                   | Institution name: Retirement: Retirement through Mass Mutual & Santander Investment Services                                | \$22,000.00                                       |
| Your<br><i>Exan</i>  |  | osits you have made so that                                  | you may continue service or use from a company ic utilities (electric, gas, water), telecommunications companies, or others | 3   |
| ■ No<br>□ Yes        | S  |  | Institution name or individual:   |   |
| 23. <b>Annu</b> No   | <b>lities</b> (A contract for a pe   | riodic payment of money to                                   | you, either for life or for a number of years)  |   |
| Official F           | orm 106A/B   | So   | chedule A/B: Property   | page 4  |

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page 4

| D   | ebtor 1           | Michele A. Williams   | S Case number (if known)  |   |
|-----|-------------------|---|---|---|
|     | ☐ Yes             | lssuer nar  | me and description.   |   |
| 24. |                   | ts in an education IRA,<br>C. §§ 530(b)(1), 529A(b)           | in an account in a qualified ABLE program, or under a qualified state tuition progra, and 529(b)(1).                                | am.   |
|     | ■ No<br>□ Yes     | Institution   | name and description. Separately file the records of any interests.11 U.S.C. § 521(c):  |   |
| 25  | . Trusts,<br>■ No | , equitable or future int                                     | terests in property (other than anything listed in line 1), and rights or powers exerci   | sable for your benefit  |
|     |                   | Give specific information                                     | on about them   |   |
| 26  | Examp             |   | rks, trade secrets, and other intellectual property mes, websites, proceeds from royalties and licensing agreements                 |   |
|     | ■ No<br>□ Yes.    | Give specific information                                     | on about them   |   |
| 27. |                   | es, franchises, and oth<br>oles: Building permits, ex         | ner general intangibles colusive licenses, cooperative association holdings, liquor licenses, professional licenses                 |   |
|     | ☐ Yes.            | Give specific information                                     | n about them  |   |
| M   | oney or           | property owed to you?   |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28  | . Tax ref<br>■ No | unds owed to you  |   |   |
|     | ☐ Yes.            | Give specific information                                     | n about them, including whether you already filed the returns and the tax years   |   |
| 29. | Examp ■ No        | support  bles: Past due or lump su  Give specific information | um alimony, spousal support, child support, maintenance, divorce settlement, property se  | ttlement  |
| 30  | Examp             |   | es you ability insurance payments, disability benefits, sick pay, vacation pay, workers' compensations you made to someone else     | tion, Social Security   |
|     | □ No ■ Yes.       | Give specific information                                     | on  |   |
|     |                   |   | Jennifer Hoffman retainer/attorney fee for prior bankruptcy   | \$1,806.00  |
| 31. |                   | ats in insurance policies<br>oles: Health, disability, or     | <b>s</b><br>r life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance                              |   |
|     |                   |   | mpany of each policy and list its value. ompany name:  Beneficiary:   | Surrender or refund value:  |
| 32. | If you a          |   | s due you from someone who has died iving trust, expect proceeds from a life insurance policy, or are currently entitled to receive | property because  |
|     |                   | Give specific information                                     | n   |   |
| 33  | Examp             |   | whether or not you have filed a lawsuit or made a demand for payment nent disputes, insurance claims, or rights to sue              |   |
|     | ■ No<br>□ Yes.    | Describe each claim   |   |   |
| 34  | _                 | contingent and unliquid                                       | dated claims of every nature, including counterclaims of the debtor and rights to se  | et off claims   |
| Of  | ■ No<br>ficial Fo | rm 106A/B   | Schedule A/B: Property  | page s  |

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Best Case Bankruptcy

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| Debtor 1  | Michele A. Williams  | Case number (if known)                            |   |
|---|--|---|---|
| ☐ Yes.  | Describe each claim  |   |   |
|   | nancial assets you did not already list  |   |   |
| ■ No<br>□ Yes.  | Give specific information  |   |   |
|   | the dollar value of all of your entries from Part 4, including a<br>art 4. Write that number here  |   | \$26,156.00   |
| Part 5: De  | escribe Any Business-Related Property You Own or Have an Interest I  | n. List any real estate in Part 1.                |   |
| -   | own or have any legal or equitable interest in any business-related pro  | operty?   |   |
| Yes.  | Go to line 38.   |   |   |
|   |  |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|   | ints receivable or commissions you already earned  |   |   |
| ■ No<br>□ Yes.  | Describe   |   |   |
| Exam<br>□ No  | equipment, furnishings, and supplies  ples: Business-related computers, software, modems, printers, of the computers of the computer o | copiers, fax machines, rugs, telephones, desks, c | chairs, electronic devices  |
|   |  |   |   |
|   | Office: Laptop   |   | \$150.00  |
| ■ No  | Office: Laptop  nery, fixtures, equipment, supplies you use in business, and Describe  | I tools of your trade                             | \$150.00  |
| ■ No<br>□ Yes.<br>41. <b>Invent</b><br>■ No   | nery, fixtures, equipment, supplies you use in business, and  Describe   | I tools of your trade                             | \$150.00  |
| ■ No □ Yes.  41. Invent ■ No □ Yes.  42. Interes                                      | nery, fixtures, equipment, supplies you use in business, and Describe  | I tools of your trade  % of ownership:            | \$150.00  |
| ■ No □ Yes.  41. Invent ■ No □ Yes.  42. Interes ■ No □ Yes.  43. Custo ■ No.         | nery, fixtures, equipment, supplies you use in business, and Describe  Describe  Sts in partnerships or joint ventures  Give specific information about them   | % of ownership:                                   | \$150.00  |
| ■ No □ Yes.  41. Invent ■ No □ Yes.  42. Interes ■ No □ Yes.  43. Custo ■ No. □ Do yo | nery, fixtures, equipment, supplies you use in business, and Describe  Describe  Sts in partnerships or joint ventures  Give specific information about them   | % of ownership:                                   | \$150.00  |
| ■ No □ Yes.  41. Invent ■ No □ Yes.  42. Interes ■ No □ Yes.  43. Custo ■ No. □ Do yo | nery, fixtures, equipment, supplies you use in business, and Describe  Describe  Sts in partnerships or joint ventures  Give specific information about them   | % of ownership:                                   | \$150.00  |
| ■ No □ Yes.  41. Invent ■ No □ Yes.  42. Interes ■ No □ Yes.  43. Custo ■ No. □ Do yo | nery, fixtures, equipment, supplies you use in business, and Describe  Describe  Sts in partnerships or joint ventures  Give specific information about them   | % of ownership:                                   | \$150.00  |

Official Form 106A/B

Schedule A/B: Property

page 6

| Deb   | otor 1 Michele A. Williams   |   | Case number (if known) |   |
|---|--|---|------------------------|---|
| 45.   | Add the dollar value of all of your entries from Part 5, includ for Part 5. Write that number here   |   |                        | \$150.00  |
| Part  | 6: Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.   | ı Own or Have an Interest                           | In.                    |   |
| 16.   | Do you own or have any legal or equitable interest in any farm  No. Go to Part 7.  | n- or commercial fishi                              | ng-related property?   |   |
|   | ☐ Yes. Go to line 47.  |   |                        |   |
|   |  |   |                        | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|   |  | NI. C. I. C. C. A.L.                                |                        |   |
|   | 7: Describe All Property You Own or Have an Interest in That You Did  Do you have other property of any kind you did not already lise Examples: Season tickets, country club membership  No  Yes. Give specific information  |   |                        |   |
| 53.<br>■  | Do you have other property of any kind you did not already lise Examples: Season tickets, country club membership  No  | st?   |                        | \$0.00  |
| 53.<br>■<br>□<br>54.  | Do you have other property of any kind you did not already list Examples: Season tickets, country club membership  No  Yes. Give specific information  Add the dollar value of all of your entries from Part 7. Write the  | st?   | _                      | \$0.00  |
| 53.<br>[<br>54.<br>Part                                     | Do you have other property of any kind you did not already list Examples: Season tickets, country club membership  No  Yes. Give specific information  Add the dollar value of all of your entries from Part 7. Write to the country club membership  List the Totals of Each Part of this Form  Part 1: Total real estate, line 2   | that number here                                    | _                      | \$0.00<br>\$260,000.00  |
| 53.<br>54.<br>Part<br>55.<br>56.                            | Do you have other property of any kind you did not already list Examples: Season tickets, country club membership  No  Yes. Give specific information  Add the dollar value of all of your entries from Part 7. Write to the country club membership  List the Totals of Each Part of this Form  Part 1: Total real estate, line 2   | that number here<br>\$9,525.00                      | _                      |   |
| 53.<br>54.<br>Part<br>55.<br>56.<br>57.                     | Do you have other property of any kind you did not already list Examples: Season tickets, country club membership  No  Yes. Give specific information  Add the dollar value of all of your entries from Part 7. Write to the season tickets, country club membership  No  Yes. Give specific information   | \$9,525.00<br>\$3,200.00                            | _                      |   |
| 53.<br>54.<br>Part<br>55.<br>56.<br>57.<br>58.              | Do you have other property of any kind you did not already list Examples: Season tickets, country club membership  No  Yes. Give specific information  Add the dollar value of all of your entries from Part 7. Write to the country club membership  List the Totals of Each Part of this Form  Part 1: Total real estate, line 2   | that number here<br>\$9,525.00                      | _                      |   |
| 53.<br>54.<br>55.<br>56.<br>57.<br>58.<br>59.               | Do you have other property of any kind you did not already list Examples: Season tickets, country club membership  No  Yes. Give specific information  Add the dollar value of all of your entries from Part 7. Write to the season tickets, country club membership  No  Yes. Give specific information  Add the dollar value of all of your entries from Part 7. Write to the season tickets, list the Totals of Each Part of this Form  Part 1: Total real estate, line 2                   | \$9,525.00<br>\$3,200.00<br>\$26,156.00             | _                      |   |
| 53.<br>54.<br>55.<br>56.<br>57.<br>58.<br>59.<br>60.        | Do you have other property of any kind you did not already list Examples: Season tickets, country club membership  No  Yes. Give specific information  Add the dollar value of all of your entries from Part 7. Write to the season tickets, country club membership  No  Yes. Give specific information  Add the dollar value of all of your entries from Part 7. Write to the season part 7. Write to the season part 1: Total season part 1: Total real estate, line 2                      | \$9,525.00<br>\$3,200.00<br>\$26,156.00             | _                      |   |
| 53.<br>54.<br>55.<br>56.<br>57.<br>58.<br>59.<br>60.<br>61. | Do you have other property of any kind you did not already list Examples: Season tickets, country club membership  No  Yes. Give specific information  Add the dollar value of all of your entries from Part 7. Write to the season tickets, country club membership  No  Yes. Give specific information  Add the dollar value of all of your entries from Part 7. Write to the season part 7. Write to the season part 1: Totals of Each Part of this Form  Part 1: Total real estate, line 2 | \$9,525.00<br>\$3,200.00<br>\$26,156.00<br>\$150.00 | _                      | \$260,000.00  |

Official Form 106A/B Sched

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Schedule A/B: Property page 7

| ill in this information to identify your case: |                         |                    |              |  |                       |  |
|--|-------------------------|--------------------|--------------|--|-----------------------|--|
| Debtor 1                                       | Michele A. Williar      | ns                 |              |  |                       |  |
|  | First Name              | Middle Name        | Last Name    |  |                       |  |
| Debtor 2                                       |                         |                    |              |  |                       |  |
| (Spouse if, filing)                            | First Name              | Middle Name        | Last Name    |  |                       |  |
| United States Ba                               | nkruptcy Court for the: | MIDDLE DISTRICT OF | PENNSYLVANIA |  |                       |  |
| Case number                                    |                         |                    |              |  | ☐ Check if this is an |  |
| (ii kilowii)                                   |                         |                    |              |  | amended filing        |  |

### Official Form 106C

# Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

|    | identify the reporty real elain de =   |   |   |   |                                    |  |  |  |
|----|--|---|---|---|------------------------------------|--|--|--|
| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.  |   |   |   |                                    |  |  |  |
|    | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)               |   |   |   |                                    |  |  |  |
|    | ■ You are claiming federal exemptions. 11  | U.S.C. § 522(b)(2)  |   |   |                                    |  |  |  |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |   |   |   |                                    |  |  |  |
|    | Brief description of the property and line on<br>Schedule A/B that lists this property             | Current value of the portion you own                                    | Amo   | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |  |
|    |  | Copy the value from Check only one box for each exemption. Schedule A/B |   | ck only one box for each exemption.                             |                                    |  |  |  |
|    | 2012 Volkswagon CC 21,000 miles  | \$9,525.00  |   | \$3,675.00  | 11 U.S.C. § 522(d)(2)              |  |  |  |
|    | Line from Schedule A/B: 3.1  |   | 100% of fair market value, up to any applicable statutory limit |   |                                    |  |  |  |
|    | 2012 Volkswagon CC 21,000 miles  | \$9,525.00  |   | \$4,481.50  | 11 U.S.C. § 522(d)(5)              |  |  |  |
|    | Line Holli Schedule AVD. 3.1   |   |   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | Furniture: Sofa, Bedroom furniture dining room table   | \$1,200.00  | •   | \$1,200.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |
|    | Line from Schedule A/B: 6.1  |   |   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | Appliances: Microwave, Refrigerator<br>Blender Washer Dryer  | \$1,000.00  |   | \$1,000.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |
|    | Line from Schedule A/B: 6.2  |   |   | 100% of fair market value, up to                                |                                    |  |  |  |

Official Form 106C

Audio-Video: Ipad, Tv

Line from Schedule A/B: 7.1

Schedule C: The Property You Claim as Exempt

\$200.00

page 1 of 2

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Best Case Bankruptcy

11 U.S.C. § 522(d)(3)

\$200.00

100% of fair market value, up to any applicable statutory limit

| otor 1 Michele A. Williams   |                                      |        | Case number (if known)  |                                    |  |
|--|--------------------------------------|--------|---|------------------------------------|--|
| Brief description of the property and line on Schedule A/B that lists this property  | Current value of the portion you own |        | ount of the exemption you claim                                 | Specific laws that allow exemption |  |
|  | Copy the value from<br>Schedule A/B  | Cne    | ck only one box for each exemption.                             |                                    |  |
| Clothes: Clothing Line from Schedule A/B: 11.1   | \$300.00                             |        | \$300.00  | 11 U.S.C. § 522(d)(3)              |  |
|  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Jewelry: Jewelry Line from Schedule A/B: 12.1  | \$500.00                             |        | \$500.00  | 11 U.S.C. § 522(d)(4)              |  |
|  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Cash: Emergency Savings Line from Schedule A/B: 16.1   | \$1,000.00                           |        | \$1,000.00  | 11 U.S.C. § 522(d)(5)              |  |
| Ellie Holli Genedale AV.B. 10.1  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Checking Account: Joint Checking Line from Schedule A/B: 17.1  | \$200.00                             |        | \$200.00  | 11 U.S.C. § 522(d)(5)              |  |
| Life from Schedule AVB. 17.1   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Savings Account: Emergency Savings   | \$1,000.00                           |        | \$1,000.00  | 11 U.S.C. § 522(d)(5)              |  |
| Line from Schedule A/B: 17.2   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Stock: Shentel Stock Line from Schedule A/B: 18.1  | \$150.00                             |        | \$150.00  | 11 U.S.C. § 522(d)(5)              |  |
| Ellie Holli Gonedale 24 B. 16.1  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Retirement: Retirement through Mass Mutual & Santander Investment  | \$22,000.00                          |        | \$22,000.00   | 11 U.S.C. § 522(d)(12)             |  |
| Services Line from Schedule A/B: 21.1  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Jennifer Hoffman retainer/attorney fee for prior bankruptcy  | \$1,806.00                           |        | \$1,806.00  | 11 U.S.C. § 522(d)(5)              |  |
| Line from Schedule A/B: 30.1   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Office: Laptop Line from Schedule A/B: 39.1  | \$150.00                             |        | \$150.00  | 11 U.S.C. § 522(d)(5)              |  |
| Zano nomi domodalo 70B. dom  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Are you claiming a homestead exemption of (Subject to adjustment on 4/01/16 and every 3 ■ No ■ Yes. Did you acquire the property covere ■ No | 3 years after that for ca            | ases f |   |                                    |  |

Official Form 106C

| Fill in this informat                 | ion to identify yoυ    | ır case:   |                                      |                         |                          |
|---------------------------------------|------------------------|--|--------------------------------------|-------------------------|--------------------------|
| Debtor 1                              | Michele A. Willia      | ams  |                                      |                         |                          |
| 7                                     | First Name             | Middle Name Last Name  |                                      |                         |                          |
| Debtor 2<br>(Spouse if, filing)       | First Name             | Middle Name Last Name  |                                      |                         |                          |
| (Spouse II, IIIIng)                   | -iist name             | Milodie Name Last Name   |                                      |                         |                          |
| United States Bankru                  | uptcy Court for the:   | MIDDLE DISTRICT OF PENNSYLVANIA  |                                      |                         |                          |
| Casa numbar                           |                        |  |                                      |                         |                          |
| Case number                           |                        |  |                                      | ☐ Check                 | if this is an            |
|                                       |                        |  |                                      | _                       | led filing               |
|                                       |                        |  |                                      | _                       | Ü                        |
| Official Form 1                       | 06D                    |  |                                      |                         |                          |
| Schedule D                            | Creditors              | Who Have Claims Secure   | d by Property                        | V                       | 12/15                    |
|                                       |                        |  |                                      |                         |                          |
|                                       |                        | two married people are filing together, both are equ<br>number the entries, and attach it to this form. On the           |                                      |                         |                          |
| known).                               |                        | ,  | p.                                   | -g, <b>,</b>            | (                        |
| 1. Do any creditors have              | e claims secured by    | your property?   |                                      |                         |                          |
| □ No. Check thi                       | s box and submit t     | his form to the court with your other schedules.   | You have nothing else                | to report on this form. |                          |
| ■ Yes. Fill in all                    | of the information     | below.   |                                      |                         |                          |
| Part 1: List All Se                   | ecured Claims          |  |                                      |                         |                          |
| •                                     |                        |  | Column A                             | Column B                | Column C                 |
|                                       |                        | ore than one secured claim, list the creditor separately<br>articular claim, list the other creditors in Part 2. As mucl |                                      | Value of collateral     | Unsecured                |
| as possible, list the clair           | ns in alphabetical ord | er according to the creditor's name.   | Do not deduct the                    | that supports this      | portion                  |
| 2.1 Americas Se                       | rvicina Co             | Describe the property that secures the claim:  | value of collateral.<br>\$181,264.00 | s175,000.00             | If any <b>\$6,264.00</b> |
| Creditor's Name                       |                        | 670 Kittatinny Drive Chambersburg,   |                                      |                         |                          |
|                                       |                        | PA 17202 Franklin County   |                                      |                         |                          |
|                                       |                        | As of the date you file, the claim is: Check all that  |                                      |                         |                          |
| Po Box 1032                           | -                      | apply.   |                                      |                         |                          |
| Des Moines,                           |                        | Contingent   |                                      |                         |                          |
| Number, Street, City                  | , State & Zip Code     | Unliquidated   |                                      |                         |                          |
| Who owes the debt?                    | Chack and              | Disputed  Nature of lien. Check all that apply.  |                                      |                         |                          |
| _                                     | Check one.             | ☐ An agreement you made (such as mortgage or se  | cured                                |                         |                          |
| Debtor 1 only                         |                        | car loan)  | buleu                                |                         |                          |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor | 2 only                 | ☐ Statutory lien (such as tax lien, mechanic's lien)   |                                      |                         |                          |
| ☐ At least one of the de              | •                      | ☐ Judgment lien from a lawsuit   |                                      |                         |                          |
| ☐ Check if this claim                 |                        | Other (including a right to offset)  First Mort  | gage                                 |                         |                          |
| community debt                        |                        | — Other (including a right to onset)   | JJ                                   |                         |                          |
|                                       | Onened                 |  |                                      |                         |                          |
|                                       | Opened<br>12/23/05     |  |                                      |                         |                          |
|                                       | Last Active            |  |                                      |                         |                          |
| Date debt was incurred                | 11/01/15               | Last 4 digits of account number 2896   |                                      |                         |                          |
|                                       |                        |  |                                      |                         |                          |
| 2.2 Nationstar M                      | ortgage LI             | Describe the property that secures the claim:  | \$27,624.00                          | \$85,000.00             | \$12,241.00              |
| Creditor's Name                       |                        | 159 E. McKinley Street   |                                      |                         |                          |
|                                       |                        | Chambersburg, PA 17201 Franklin  |                                      |                         |                          |
|                                       |                        | As of the date you file, the claim is: Check all that  |                                      |                         |                          |
| 350 Highland                          |                        | apply.   |                                      |                         |                          |
| Lewisville, T                         |                        | Contingent   |                                      |                         |                          |
| Number, Street, City                  | , State & Zip Code     | Unliquidated   |                                      |                         |                          |
| Who owes the debt?                    | Check one              | ☐ Disputed  Nature of lien. Check all that apply.  |                                      |                         |                          |
| Debtor 1 only                         | 5on ono.               | ☐ An agreement you made (such as mortgage or se  | cured                                |                         |                          |
| Debtor 1 only  Debtor 2 only          |                        | car loan)  |                                      |                         |                          |
| ☐ Debtor 1 and Debtor                 | 2 only                 | ☐ Statutory lien (such as tax lien, mechanic's lien)   |                                      |                         |                          |
| ☐ At least one of the de              | •                      | ☐ Judgment lien from a lawsuit   |                                      |                         |                          |
|                                       |                        | -  |                                      |                         |                          |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 3

| Debtor 1 Michele A. Williams  First Name Mid  | Ca<br>dle Name Last Name   | ase number (if know)  |                        |             |
|---|--|-----------------------|------------------------|-------------|
| _   | — Occasi Man   | taaa                  |                        |             |
| ☐ Check if this claim relates to a community debt   | Other (including a right to offset)  Second Mor  | tgage                 |                        |             |
| Opened 7/25/06 Last Acti Date debt was incurred 4/01/14                                   | Ve Last 4 digits of account number   |                       |                        |             |
| 2.3 Specialized Loan Servi  | Describe the property that secures the claim:  | \$69,617.00           | \$85,000.00            | \$0.00      |
| Creditor's Name   | 159 E. McKinley Street<br>Chambersburg, PA 17201 Franklin  |                       |                        |             |
| 8742 Lucent Blvd Ste 30<br>Highlands Ranch, CO<br>80129                                   | O County  As of the date you file, the claim is: Check all that apply.  Contingent                 |                       |                        |             |
| Number, Street, City, State & Zip Code  | ☐ Unliquidated ☐ Disputed  |                       |                        |             |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.  |                       |                        |             |
| ■ Debtor 1 only □ Debtor 2 only   | ☐ An agreement you made (such as mortgage or secure car loan)                                      | ed                    |                        |             |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and anoth                      | ☐ Statutory lien (such as tax lien, mechanic's lien) er ☐ Judgment lien from a lawsuit             |                       |                        |             |
| ☐ Check if this claim relates to a community debt   | Other (including a right to offset)  First Mortga  | ge                    |                        |             |
| Opened 7/31/06 Last Acti Date debt was incurred 4/01/14                                   | ve  Last 4 digits of account number 8074   |                       |                        |             |
| 2.4 Specialized Loan Servi Creditor's Name  | Describe the property that secures the claim:  670 Kittatinny Drive Chambersburg,                  | \$47,532.00           | \$175,000.00           | \$47,532.00 |
| 8742 Lucent Blvd Ste 300<br>Highlands Ranch, CO<br>80129                                  | PA 17202 Franklin County  As of the date you file, the claim is: Check all that apply.  Contingent |                       |                        |             |
| Number, Street, City, State & Zip Code  | Unliquidated   |                       |                        |             |
| Who owes the debt? Check one.   | ☐ Disputed  Nature of lien. Check all that apply.  |                       |                        |             |
| ■ Debtor 1 only □ Debtor 2 only   | ☐ An agreement you made (such as mortgage or secure car loan)                                      | ed                    |                        |             |
| Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, mechanic's lien)   |                       |                        |             |
| ☐ At least one of the debtors and anoth ☐ Check if this claim relates to a community debt | er Judgment lien from a lawsuit  Other (including a right to offset)  Second Mor                   | tgage                 |                        |             |
| Opened 4/24/06 Last Acti Date debt was incurred 6/01/14                                   | ve  Last 4 digits of account number 3768   |                       |                        |             |
| 2.5 Volkswagon Credit   | Describe the property that secures the claim:  | \$2,737.00            | \$19,050.00            | \$0.00      |
| Creditor's Name   | 2012 Volkswagon CC 21,000 miles  | <del>+=,. 0.100</del> | <del>+ 10,000100</del> | <del></del> |
| PO Box 5215<br>Carol Stream, IL 60197<br>Number, Street, City, State & Zip Code           | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed     |                       |                        |             |

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Official Form 106D

page 2 of 3

Best Case Bankruptcy

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Debtor 1 Michele A. Williams  First Name Middle Name Last Name |  |  | Case number (if know)                      |   |                         |  |  |  |
|--|--|--|--|---|-------------------------|--|--|--|
|  |  |  | Last Name                                  |   | _                       |  |  |  |
| Who owe  | es the debt? Check o                     | ne. <b>Nat</b>                         | ure of lien. Check all that apply.         |   |                         |  |  |  |
| ☐ Debtor☐ Debtor☐  | •  |  | An agreement you made (such as m car loan) | ortgage or secured                                  |                         |  |  |  |
| ☐ Debtor   | 1 and Debtor 2 only                      |  | Statutory lien (such as tax lien, mech     | anic's lien)  |                         |  |  |  |
| At leas  | t one of the debtors an                  | d another                              | ludgment lien from a lawsuit               |   |                         |  |  |  |
| ☐ Check if this claim relates to a community debt              |  | oa 🗆 🤇                                 | Other (including a right to offset)        |   |                         |  |  |  |
| Date debt  | was incurred                             |  | Last 4 digits of account number            | er  |                         |  |  |  |
|  |  |  |  |   |                         |  |  |  |
| Add the  | dollar value of your e                   | entries in Column                      | A on this page. Write that number          | r here:   | \$328,774.00            | ]  |  |  |
|  | the last page of your<br>at number here: | form, add the do                       | llar value totals from all pages.          |   | \$328,774.00            |  |  |  |
| Part 2:  | List Others to Be                        | Notified for a D                       | ebt That You Already Listed                |   |                         |  |  |  |
| to collect   | from you for a debt y                    | ou owe to someo<br>at you listed in Pa | ne else, list the creditor in Part 1,      | and then list the colle                             | ection agency here. Sin | mple, if a collection agency is trying<br>nilarly, if you have more than one<br>o be notified for any debts in Part 1, |  |  |
| Na   | ame Address                              |  |  |   |                         |  |  |  |
| -N   | ONE-                                     |  | Or   | On which line in Part 1 did you enter the creditor? |                         |  |  |  |
|  |  |  | La   | st 4 digits of acc                                  | count number            |  |  |  |

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 3 of 3

| Fill in this info  | mation to identify your case  | :   |                                |   |   |  |
|--|---|---|--------------------------------|---|---|--|
| Debtor 1   | Michele A. Williams   |   |                                |   |   |  |
|  | First Name  | Middle Name Last Na   | me                             |   |   |  |
| Debtor 2<br>(Spouse if, filing)  | First Name  | Middle Name Last Na   | ime                            |   |   |  |
| United States Ba   | ankruptcy Court for the: MID  | DDLE DISTRICT OF PENNSYLVAN   | IIA                            |   |   |  |
| Case number (if known)   |   |   |                                |   |   | if this is an<br>ded filing              |
| Official For   | m 106E/F  |   |                                |   | •   |  |
| Schedule I   | F/F: Creditors Who  | <b>Have Unsecured Clair</b>   | ns                             |   |   | 12/15                                    |
| Schedule G: Exect<br>D: Creditors Who<br>the Continuation F<br>number (if known) | utory Contracts and Unexpired Le<br>Have Claims Secured by Property<br>age to this page. If you have no i               | ould result in a claim. Also list execute<br>eases (Official Form 106G). Do not incl<br>y. If more space is needed, copy the Panformation to report in a Part, do not f   | ude any cred<br>irt you need,  | itors with partially se-<br>fill it out, number the | cured claims that are<br>entries in the boxes | e listed in Schedule on the left. Attach |
|  | All of Your PRIORITY Unsecu   |   |                                |   |   |  |
| _ `  | ors have priority unsecured clain   | ns against you?   |                                |   |   |  |
| ☐ No. Go to ☐  | Part 2.   |   |                                |   |   |  |
| identify what to<br>possible, list the<br>1. If more than                        | pe of claim it is. If a claim has both<br>ne claims in alphabetical order acco<br>one creditor holds a particular clair | preditor has more than one priority unsecu-<br>priority and nonpriority amounts, list that<br>ording to the creditor's name. If you have<br>m, list the other creditors in Part 3.<br>instructions for this form in the instruction | claim here an<br>more than two | nd show both priority an                            | d nonpriority amounts                         | . As much as                             |
| 2.1 Frankli  | in County Area Tay Bures  | us lost 4 digito of account number  | . 7440                         | ¢4 6E0 00   | amount  | amount <b>\$0.0</b> 0                    |
|  | in County Area Tax Burea reditor's Name   | Last 4 digits of account number   | r <u>7418</u>                  | \$1,650.00  | \$1,650.00                                    | <b>\$0.00</b>                            |
|  | anley Ave<br>persburg, PA 17201   | When was the debt incurred?   | 04/15/2                        | 014   | -   |  |
|  | Street City State Zlp Code  | As of the date you file, the clair  | n is: Check a                  | II that apply                                       |   |  |
| _  | ed the debt? Check one.   | ☐ Contingent  |                                |   |   |  |
| Debtor 1   | only  | ☐ Unliquidated  |                                |   |   |  |
| Debtor 2   | only  | Disputed  |                                |   |   |  |
| Debtor 1   | and Debtor 2 only   | Type of PRIORITY unsecured of   | laim:                          |   |   |  |
| ☐ At least o   | ne of the debtors and another   | ☐ Domestic support obligations  |                                |   |   |  |
| ☐ Check if   | this claim is for a community de  | bt Taxes and certain other debts  | you owe the                    | government  |   |  |
|  | subject to offset?  | Claims for death or personal  | njury while yo                 | u were intoxicated                                  |   |  |
| ■ No   |   | Other. Specify  |                                |   |   | _  |
| ☐ Yes  |   | Local tax   | es for Ant                     | thony for TY 201                                    | 3 & 2014                                      |  |
| Part 2: List   | All of Your NONPRIORITY Un  | secured Claims  |                                |   |   |  |
|  | ors have nonpriority unsecured of   |   |                                |   |   |  |
|  |   | bmit this form to the court with your other   | schedules.                     |   |   |  |
| Yes.   |   |   |                                |   |   |  |
| claim, list the  | creditor separately for each claim. F   | n the alphabetical order of the creditor<br>for each claim listed, identify what type of<br>ditors in Part 3 If you have more than thre   | claim it is. Do                | not list claims already                             | included in Part 1. If r                      | more than one                            |

Total claim

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 6

| Fed Loan Serv   | Last 4 digits of account number                                     | 0006   | \$15,389.00 |  |  |  |  |
|---|---|--|-------------|--|--|--|--|
| Nonpriority Creditor's Name Po Box 60610 Harrisburg, PA 17106                 | When was the debt incurred?   | Opened 9/07/10 Last Active 10/20/15          |             |  |  |  |  |
| Number Street City State Zlp Code  Who incurred the debt? Check one.          | As of the date you file, the claim i                                |  |             |  |  |  |  |
| ■ Debtor 1 only   | ☐ Contingent  |  |             |  |  |  |  |
| Debtor 2 only   | ☐ Unliquidated  |  |             |  |  |  |  |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |             |  |  |  |  |
| ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured                                       | d claim:                                     |             |  |  |  |  |
| ☐ Check if this claim is for a community debt                                 | • • • • •   | ration agreement or divorce that you did not |             |  |  |  |  |
| s the claim subject to offset?  ■ No  | report as priority claims  Debts to pension or profit-sharin        | a plane, and other similar debts             |             |  |  |  |  |
| ■ No<br>□ Yes   | Other. Specify Employment   |  |             |  |  |  |  |
| Fed Loan Serv   | Last 4 digits of account number                                     | 0007   | \$12,160.00 |  |  |  |  |
| Nonpriority Creditor's Name   | <b>.</b>  |  | <b>4.2,</b> |  |  |  |  |
| Po Box 60610<br>Harrisburg, PA 17106  | When was the debt incurred?   | Opened 6/27/11 Last Active 10/20/15          |             |  |  |  |  |
| Number Street City State Zlp Code   | As of the date you file, the claim i                                | s: Check all that apply                      |             |  |  |  |  |
| Who incurred the debt? Check one.   | ☐ Contingent  |  |             |  |  |  |  |
| Debtor 1 only   | ☐ Unliquidated  |  |             |  |  |  |  |
| Debtor 2 only   | ☐ Disputed  |  |             |  |  |  |  |
| Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured                                       | d claim:                                     |             |  |  |  |  |
| At least one of the debtors and another                                       | ☐ Student loans   |  |             |  |  |  |  |
| ☐ Check if this claim is for a community debt s the claim subject to offset?  | ☐ Obligations arising out of a sepa report as priority claims       | ration agreement or divorce that you did not |             |  |  |  |  |
| No  | ☐ Debts to pension or profit-sharing plans, and other similar debts |  |             |  |  |  |  |
| Yes   | Other. Specify Employme   | nt   |             |  |  |  |  |
| Fed Loan Serv   | Last 4 digits of account number                                     | 0009   | \$5,681.00  |  |  |  |  |
| Nonpriority Creditor's Name  Po Box 60610                                     | When was the debt incurred?   | Opened 8/24/12 Last Active 10/20/15          |             |  |  |  |  |
| Harrisburg, PA 17106  | When was the debt incurred?   | 10/20/13                                     |             |  |  |  |  |
| Number Street City State Zlp Code   | As of the date you file, the claim i                                | s: Check all that apply                      |             |  |  |  |  |
| Who incurred the debt? Check one.   | ☐ Contingent  |  |             |  |  |  |  |
| Debtor 1 only   | ☐ Unliquidated  |  |             |  |  |  |  |
| Debtor 2 only   | ☐ Disputed  |  |             |  |  |  |  |
| Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured claim:                                |  |             |  |  |  |  |
| At least one of the debtors and another                                       | ☐ Student loans   |  |             |  |  |  |  |
| ☐ Check if this claim is for a community debt is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims       | ration agreement or divorce that you did not |             |  |  |  |  |
|   |   |  |             |  |  |  |  |
| No  | Debts to pension or profit-sharin                                   | g plans, and other similar debts             |             |  |  |  |  |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 6

| Michele A. Williams   | Case number (if know)   |   |            |  |  |  |  |  |  |
|---|---|---|------------|--|--|--|--|--|--|
| Fed Loan Serv Nonpriority Creditor's Name                                     | Last 4 digits of account number   | 0003  | \$2,644.00 |  |  |  |  |  |  |
| Po Box 60610<br>Harrisburg, PA 17106  | When was the debt incurred?   | Opened 12/30/08 Last Active 10/20/15                        |            |  |  |  |  |  |  |
| Number Street City State Zlp Code   | As of the date you file, the claim i  | s: Check all that apply                                     |            |  |  |  |  |  |  |
| Who incurred the debt? Check one.   | ☐ Contingent  |   |            |  |  |  |  |  |  |
| ■ Debtor 1 only   | ☐ Unliquidated  |   |            |  |  |  |  |  |  |
| Debtor 2 only   | ☐ Disputed  |   |            |  |  |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured   | d claim:  |            |  |  |  |  |  |  |
| ☐ At least one of the debtors and another                                     | ☐ Student loans   |   |            |  |  |  |  |  |  |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims  | aration agreement or divorce that you did not               |            |  |  |  |  |  |  |
| No  | Debts to pension or profit-sharing  | g plans, and other similar debts                            |            |  |  |  |  |  |  |
| Yes   | Other. Specify Employme   | nt  |            |  |  |  |  |  |  |
| Fed Loan Serv   | Last 4 digits of account number   | 0004  | \$1,822.00 |  |  |  |  |  |  |
| Nonpriority Creditor's Name   |   | Opened 8/06/09 Last Active                                  |            |  |  |  |  |  |  |
| Po Box 60610<br>Harrisburg, PA 17106  | When was the debt incurred?   | 10/20/15  |            |  |  |  |  |  |  |
| Number Street City State Zlp Code   | As of the date you file, the claim i  | As of the date you file, the claim is: Check all that apply |            |  |  |  |  |  |  |
| Who incurred the debt? Check one.   | ☐ Contingent  |   |            |  |  |  |  |  |  |
| ■ Debtor 1 only   | ☐ Unliquidated  |   |            |  |  |  |  |  |  |
| Debtor 2 only   | □ Disputed  |   |            |  |  |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured   |   |            |  |  |  |  |  |  |
| ☐ At least one of the debtors and another                                     | ☐ Student loans   |   |            |  |  |  |  |  |  |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |            |  |  |  |  |  |  |
| ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |   |            |  |  |  |  |  |  |
| Yes   | ■ Other. Specify Employment   |   |            |  |  |  |  |  |  |
| Fed Loan Serv   | Last 4 digits of account number   | 0002  | \$5,371.00 |  |  |  |  |  |  |
| Po Box 60610<br>Harrisburg, PA 17106  | When was the debt incurred?   | Opened 5/12/08 Last Active 10/20/15                         |            |  |  |  |  |  |  |
| Number Street City State Zlp Code   | As of the date you file, the claim i  | s: Check all that apply                                     |            |  |  |  |  |  |  |
| Who incurred the debt? Check one.   | _   |   |            |  |  |  |  |  |  |
| ■ Debtor 1 only   | ☐ Contingent  |   |            |  |  |  |  |  |  |
| ☐ Debtor 2 only   | ☐ Unliquidated  |   |            |  |  |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured   |   |            |  |  |  |  |  |  |
| ☐ At least one of the debtors and another                                     | Student loans   |   |            |  |  |  |  |  |  |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? |   |   |            |  |  |  |  |  |  |
| ■ No  |   |   |            |  |  |  |  |  |  |
| ☐ Yes   | ■ Other Specify Employme  | n <del>t</del>  |            |  |  |  |  |  |  |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Michele A. Williams   |   | Case number (if know)                        |            |  |  |  |  |  |
|---|---|--|------------|--|--|--|--|--|
| Fed Loan Serv   | Last 4 digits of account number   | 0005   | \$8,333.00 |  |  |  |  |  |
| Nonpriority Creditor's Name Po Box 60610 Harrisburg, PA 17106                 | When was the debt incurred?   | Opened 8/06/09 Last Active 10/20/15          |            |  |  |  |  |  |
| Number Street City State Zlp Code   | As of the date you file, the claim i  | s: Check all that apply                      |            |  |  |  |  |  |
| Who incurred the debt? Check one.   | ☐ Contingent  |  |            |  |  |  |  |  |
| Debtor 1 only   | ☐ Unliquidated  |  |            |  |  |  |  |  |
| Debtor 2 only   | ☐ Disputed  |  |            |  |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured   | d claim:                                     |            |  |  |  |  |  |
| $\square$ At least one of the debtors and another                             | ☐ Student loans   |  |            |  |  |  |  |  |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims  | ration agreement or divorce that you did not |            |  |  |  |  |  |
| ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts             |            |  |  |  |  |  |
| Yes   | Other. Specify Employme   | nt   |            |  |  |  |  |  |
| Fed Loan Serv   | Last 4 digits of account number   | 0008   | \$3,624.00 |  |  |  |  |  |
| Nonpriority Creditor's Name   |   | Opened 8/10/12 Last Active                   |            |  |  |  |  |  |
| Po Box 60610  | When was the debt incurred?   | 10/20/15                                     |            |  |  |  |  |  |
| Harrisburg, PA 17106  Number Street City State Zlp Code                       | As of the date you file, the claim i  | s. Check all that apply                      |            |  |  |  |  |  |
| Who incurred the debt? Check one.   | •   | S. Oneck all that apply                      |            |  |  |  |  |  |
| ■ Debtor 1 only   | Contingent  |  |            |  |  |  |  |  |
| Debtor 2 only   | ☐ Unliquidated  |  |            |  |  |  |  |  |
| Debtor 1 and Debtor 2 only  | Disputed  |  |            |  |  |  |  |  |
| ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured   | d claim:                                     |            |  |  |  |  |  |
| ☐ Check if this claim is for a community debt                                 | Student loans   |  |            |  |  |  |  |  |
| Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts |  |            |  |  |  |  |  |
| ■ No  |   |  |            |  |  |  |  |  |
| Yes   | Other. Specify Employment   |  |            |  |  |  |  |  |
| Fed Loan Serv   | Last 4 digits of account number   | 0001   | \$4,604.00 |  |  |  |  |  |
| Nonpriority Creditor's Name   |   | Opened 5/12/08 Last Active                   |            |  |  |  |  |  |
| Po Box 60610<br>Harrisburg, PA 17106  | When was the debt incurred?   | 10/20/15                                     |            |  |  |  |  |  |
| Number Street City State Zlp Code   | As of the date you file, the claim i  | s: Check all that apply                      |            |  |  |  |  |  |
| Who incurred the debt? Check one.   | ☐ Contingent  |  |            |  |  |  |  |  |
| Debtor 1 only   | ☐ Unliquidated  |  |            |  |  |  |  |  |
| Debtor 2 only   | ☐ Disputed  |  |            |  |  |  |  |  |
| Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured   |  |            |  |  |  |  |  |
| At least one of the debtors and another                                       | ☐ Student loans   |  |            |  |  |  |  |  |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims  |  |            |  |  |  |  |  |
| ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts             |            |  |  |  |  |  |
| Yes   | ■ Other. Specify Employme   | nt   |            |  |  |  |  |  |

Schedule E/F: Creditors Who Have Unsecured Claims

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| 1 Michele A. Williams   |   | Case number (if know)                         |            |  |  |  |
|---|---|---|------------|--|--|--|
| Lowe's/GECRB  | Last 4 digits of account number                                   | \$1,000.00                                    |            |  |  |  |
| Nonpriority Creditor's Name P.O. Box 530914 Atlanta, GA 30353-0914            | When was the debt incurred?                                       |   |            |  |  |  |
| Number Street City State Zlp Code   | As of the date you file, the claim                                | is: Check all that apply                      |            |  |  |  |
| Who incurred the debt? Check one.   | ☐ Contingent  |   |            |  |  |  |
| Debtor 1 only   | ☐ Unliquidated  |   |            |  |  |  |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                                  | ☐ Disputed  |   |            |  |  |  |
| At least one of the debtors and another                                       | Type of NONPRIORITY unsecure                                      | d claim:                                      |            |  |  |  |
| Check if this claim is for a community debt                                   | ☐ Student loans   |   |            |  |  |  |
| Is the claim subject to offset?   | Obligations arising out of a separe report as priority claims     | aration agreement or divorce that you did not |            |  |  |  |
| ■ No  | Debts to pension or profit-sharing                                | ng plans, and other similar debts             |            |  |  |  |
| Yes   | Other. Specify  |   |            |  |  |  |
| Santander Bank Na   | Last 4 digits of account number                                   | 9738  | \$2,154.00 |  |  |  |
| Nonpriority Creditor's Name   |   | Opened 11/16/12 Last Active                   |            |  |  |  |
| Po Box 841002-Ma1-Mb3-01<br>Boston, MA 02884                                  | When was the debt incurred?                                       | 6/01/14                                       |            |  |  |  |
| Number Street City State Zlp Code   | As of the date you file, the claim                                |   |            |  |  |  |
| Who incurred the debt? Check one.  Debtor 1 only                              | ☐ Contingent  |   |            |  |  |  |
|   | ☐ Unliquidated  |   |            |  |  |  |
| Debtor 2 only   | ☐ Disputed  |   |            |  |  |  |
| Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecure                                      |   |            |  |  |  |
| At least one of the debtors and another                                       | ☐ Student loans   |   |            |  |  |  |
| ☐ Check if this claim is for a community debt s the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims      |   |            |  |  |  |
| No  | Debts to pension or profit-sharing                                |   |            |  |  |  |
| Yes   | Other. Specify Credit Card  |   |            |  |  |  |
| Syncb/Care Credit   | Last 4 digits of account number                                   | 9400  | \$1,721.00 |  |  |  |
| Nonpriority Creditor's Name  950 Forrer Blvd  Kettering, OH 45420             | When was the debt incurred?                                       | Opened 11/14/10 Last Active 7/01/14           |            |  |  |  |
| Number Street City State Zlp Code   | As of the date you file, the claim                                | is: Check all that apply                      |            |  |  |  |
| Who incurred the debt? Check one.   | ☐ Contingent  |   |            |  |  |  |
| ■ Debtor 1 only   | ☐ Unliquidated  |   |            |  |  |  |
| Debtor 2 only   | ☐ Disputed  |   |            |  |  |  |
| Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecure                                      |   |            |  |  |  |
| At least one of the debtors and another                                       | ☐ Student loans   |   |            |  |  |  |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims        |   |            |  |  |  |
| ■ No  | Debts to pension or profit-sharing plans, and other similar debts |   |            |  |  |  |
| Yes   | ■ Other. Specify Charge Ac  | count   |            |  |  |  |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 5 of 6

| Tcm Bank Na   | Last 4 digits of account number                              | 6666   | \$486.00 |
|---|--|--|----------|
| Nonpriority Creditor's Name   |  |  |          |
| 2701 N Rocky Point Dr St<br>Tampa, FL 33607                                   | When was the debt incurred?                                  | Opened 3/01/91 Last Active 9/01/14           |          |
| Number Street City State Zlp Code   | As of the date you file, the claim i                         | s: Check all that apply                      |          |
| Who incurred the debt? Check one.   | ☐ Contingent   |  |          |
| Debtor 1 only   | _  |  |          |
| ☐ Debtor 2 only   | ☐ Unliquidated ☐ Disputed                                    |  |          |
| ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured                                | l claim:                                     |          |
| ☐ At least one of the debtors and another                                     | ☐ Student loans  |  |          |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |          |
| ■ No  | ☐ Debts to pension or profit-sharin                          | g plans, and other similar debts             |          |
| Yes   | Other. Specify Credit Card                                   | I  |          |

### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address -NONE-

On which entry in Part 1 or Part 2 did you list the original creditor?

Line of (Check one):

Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total cla          | im        |
|--------------|-----|---|-----|--------------------|-----------|
|              | 6a. | Domestic support obligations  | 6a. | \$                 | 0.00      |
| Total claims |     |   |     |                    |           |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$                 | 1,650.00  |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$                 | 0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$                 | 0.00      |
|              | 6e. | Total. Add lines 6a through 6d.   | 6e. | \$                 | 1,650.00  |
|              |     |   |     | <b>Total Claim</b> |           |
|              | 6f. | Student loans   | 6f. | \$                 | 0.00      |
| Total claims |     |   |     |                    |           |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$                 | 0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$                 | 0.00      |
|              | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. | \$                 | 64,989.00 |
|              | 6j. | Total. Add lines 6f through 6i.   | 6j. | \$                 | 64,989.00 |

| Fill in this infor                      |                    |                    |              |                                    |
|---|--------------------|--------------------|--------------|------------------------------------|
| Debtor 1                                | Michele A. Willian | ms                 |              |                                    |
|   | First Name         | Middle Name        | Last Name    |                                    |
| Debtor 2                                |                    |                    |              |                                    |
| (Spouse if, filing)                     | First Name         | Middle Name        | Last Name    |                                    |
| United States Bankruptcy Court for the: |                    | MIDDLE DISTRICT OF | PENNSYLVANIA |                                    |
| Case number                             |                    |                    |              |                                    |
| (if known)                              |                    |                    |              | Check if this is an amended filing |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 Volkswagon Credit PO Box 5215 Carol Stream, IL 60197 Automobile Lease for 2012 Volkswagon CC

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

| Fill in this i  | information to identify your  | case:  |  |  |
|---|---|--|--|--|
| Debtor 1  | Michele A. Willian  |  |  |  |
| Debtor 2  | First Name  | Middle Name  | Last Name  |  |
| (Spouse if, filing  | g) First Name   | Middle Name  | Last Name  |  |
| United State  | es Bankruptcy Court for the:  | MIDDLE DISTRICT OF   | PENNSYLVANIA   |  |
| Case numb<br>(if known)                                   | er  |  |  | ☐ Check if this is an amended filing   |
|   | Form 106H<br>ule H: Your Code                                       | ebtors   |  | 12/15  |
| people are f<br>fill it out, an<br>your name a<br>1. Do y | filing together, both are equa                                      | ally responsible for sup<br>boxes on the left. Attacl<br>. Answer every question | plying correct information<br>the Additional Page to | complete and accurate as possible. If two married on. If more space is needed, copy the Additional Page, this page. On the top of any Additional Pages, write as a codebtor. |
| □ No ■ Yes  |   |  |  |  |
| Arizona<br>_  | , California, Idaho, Louisiana,                                     |  |  | ? (Community property states and territories include igton, and Wisconsin.)  |
|   | Go to line 3.  Did your spouse, former spou                         | use, or legal equivalent liv   | e with you at the time?                              |  |
| in line :<br>Form 1                                       | 2 again as a codebtor only i  | f that person is a guarar  | ntor or cosigner. Make s                             | if your spouse is filing with you. List the person shown<br>ure you have listed the creditor on Schedule D (Officia<br>SG). Use Schedule D, Schedule E/F, or Schedule G to   |
|   | Column 1: Your codebtor<br>ame, Number, Street, City, State and ZII | P Code   |  | Column 2: The creditor to whom you owe the debt Check all schedules that apply:  |
| 6   | anthony Williams<br>70 Kittatinny Drive<br>Chambersburg, PA 17202   |  |  | ■ Schedule D, line  □ Schedule E/F, line  □ Schedule G  Volkswagon Credit  |

Schedule H: Your Codebtors

| Fill in this informat           | tion to identify your case:  |   |
|---------------------------------|--|---|
| Debtor 1                        | Michele A. Williams  |   |
| Debtor 2<br>(Spouse, if filing) |  |   |
| United States Ban               | nkruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA  |   |
| Case number                     |  | Check if this is:   |
| (If known)                      |  | ☐ An amended filing   |
|                                 |  | ☐ A supplement showing postpetition chapter 13 income as of the following date: |
| Official Fo                     | <u>rm 106l</u>   | MM / DD/ YYYY   |
| <b>Schedule</b>                 | I: Your Income   | 12/15   |
|                                 | nd accurate as possible. If two married people are filing together (Del<br>tinformation. If you are married and not filing jointly, and your spous |   |

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Part 1: Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. Employed Employed If you have more than one job, Employment status\* attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation **Training Officer** Sales Consultant Include part-time, seasonal, or **Employer's name** F&M Trust Company **C&C** Assembly self-employed work. **Employer's address** Occupation may include student 20 S Main Street 3410-B West Main Street or homemaker, if it applies. Chambersburg, PA 17201 Salem, VA 24153 How long employed there? 2 Years, 6 Months 0 Years, 9 Months \*See Attachment for Additional Employment Information

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 3,330.36 3,882.67 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 3,882.67 3,330.36

Official Form 106I Schedule I: Your Income page 1

|     |                           |   |          |    | For Debtor 1             |   |          | For Debtor 2 or |                 |         |          |
|-----|---------------------------|---|----------|----|--------------------------|---|----------|-----------------|-----------------|---------|----------|
|     |                           |   |          |    |                          |   |          |                 | -filing sp      |         |          |
|     | Copy                      | y line 4 here   | 4.       |    | \$                       | 3,882.0                                 | 67       | \$              | 3,3             | 30.36   |          |
| 5.  | List                      | all payroll deductions:   |          |    |                          |   |          |                 |                 |         |          |
|     | 5a.                       | Tax, Medicare, and Social Security deductions   | 5a.      |    | \$                       | 707.2                                   | 7        | \$              | 3               | 70.08   |          |
|     | 5b.                       | Mandatory contributions for retirement plans  | 5b.      |    | \$<br>_                  | 0.0                                     |          | \$              |                 | 0.00    |          |
|     | 5c.                       | Voluntary contributions for retirement plans  | 5c.      |    | $\mathring{\$}^-$        | 271.7                                   |          | \$              |                 | 0.00    |          |
|     | 5d.                       | Required repayments of retirement fund loans  | 5d.      |    | $\mathring{\$}^-$        | 0.0                                     |          | \$              |                 | 0.00    |          |
|     | 5e.                       | Insurance   | 5e.      |    | <u>*</u> —               | 57.0                                    |          | \$              |                 | 0.00    |          |
|     | 5f.                       | Domestic support obligations  | 5f.      |    | <u>*</u> —               | 0.0                                     |          | \$              | 6               | 05.00   |          |
|     | 5g.                       | Union dues  | 5g.      |    | \$<br>                   | 4.8                                     |          | \$              |                 | 0.00    |          |
|     | 5h.                       | Other deductions. Specify: MDReim   | 5h.      |    | \$                       | 87.4                                    |          | + \$            |                 | 0.00    |          |
| 6.  | Add                       | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.       | ,  | \$                       | 1,128.4                                 | 14       | \$              | 9               | 75.08   |          |
| 7.  | Calc                      | ulate total monthly take-home pay. Subtract line 6 from line 4.   | 7.       | ,  | \$                       | 2,754.2                                 | 23       | \$              | 2,3             | 55.28   |          |
| 8.  | List a<br>8a.             | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.      |    | \$                       | 0.0                                     | 20       | \$              |                 | 0.00    |          |
|     | 8b.                       | Interest and dividends  | 8b.      |    | \$<br>                   | 0.0                                     |          | \$<br>          |                 | 0.00    |          |
|     | 8c.                       | Family support payments that you, a non-filing spouse, or a dependent regularly receive   |          |    | Ψ                        | 0.0                                     | <u> </u> | Ψ               |                 | 0.00    |          |
|     |                           | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.      |    | \$                       | 0.0                                     | nn       | \$              |                 | 0.00    |          |
|     | 8d.                       | Unemployment compensation   | 8d.      |    | ${\overset{{}_{}}{\$}}-$ | 0.0                                     |          | \$_             |                 | 0.00    |          |
|     | 8e.                       | Social Security   | 8e.      |    | \$<br>                   | 0.0                                     | _        | \$              |                 | 0.00    |          |
|     | 8f.                       | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:         | e<br>8f. |    | \$                       | 0.0                                     | 00       | \$              |                 | 0.00    |          |
|     | 8g.                       | Pension or retirement income  | 8g.      |    | \$                       | 0.0                                     | 00       | \$              |                 | 0.00    |          |
|     | 8h.                       | Other monthly income. Specify:  | 8h.      | +  | \$                       | 0.0                                     | 90       | + \$            |                 | 0.00    |          |
| 9.  | Add                       | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.       | \$ |                          | 0.0                                     | 00       | \$              |                 | 0.00    | 0        |
| 10  | Calc                      | ulate monthly income. Add line 7 + line 9.  | 10.      |    | •                        | 2.754.23 +                              | \$       | 23              | 55.28 =         | \$      | 5,109.51 |
|     |                           | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.      | _  |                          | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | • –      |                 | 33.20           | -       | 3,103.31 |
| 11. | State<br>Include<br>other | e all other regular contributions to the expenses that you list in <i>Schedul</i> de contributions from an unmarried partner, members of your household, your friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are no               | ır depe  |    |                          |   |          |                 | Schedule<br>11. |         | 0.00     |
| 12. |                           | the amount in the last column of line 10 to the amount in line 11. The resent that amount on the Summary of Schedules and Statistical Summary of Certies  |          |    |                          |   |          |                 |                 | \$      | 5,109.51 |
|     |                           |   |          |    |                          |   |          |                 |                 | ombir   |          |
| 13. | Do y                      | ou expect an increase or decrease within the year after you file this forn  | n?       |    |                          |   |          |                 | n               | nonthly | y income |
|     | _                         | No.   |          |    |                          |   |          |                 |                 |         |          |
|     |                           | Yes. Explain:   |          |    |                          |   |          |                 |                 |         |          |

Official Form 106I Schedule I: Your Income page 2

### Official Form B 6I Attachment for Additional Employment Information

| Debtor              |                         |  |
|---------------------|-------------------------|--|
| Occupation          | Sales Consultant        |  |
| Name of Employer    | C&C Assembly            |  |
| How long employed   | 0 Years, 9 Months       |  |
| Address of Employer | 3410-B West Main Street |  |
|                     | Salem, VA 24153         |  |
| Debtor              |                         |  |
| Occupation          | Training Officer        |  |

| Debtor              |                        |  |
|---------------------|------------------------|--|
| Occupation          | Training Officer       |  |
| Name of Employer    | F&M Trust Company      |  |
| How long employed   | 2 Years, 6 Months      |  |
| Address of Employer | 20 S Main Street       |  |
|                     | Chambersburg, PA 17201 |  |

Official Form 106I Schedule I: Your Income page 3

| Fill                         | in this information to identify your case:  |                     |             |   |   |  |  |
|------------------------------|---|---------------------|-------------|---|---|--|--|
| Debtor 1 Michele A. Williams |   |                     |             | Check if this is:                         |   |  |  |
| L.                           |   |                     | _           | An amended filing                         |   |  |  |
|                              | otor 2ouse, if filing)  |                     |             | A supplement show<br>3 expenses as of the | ing postpetition chapter he following date: |  |  |
|                              | ·   |                     | _           | ·   |   |  |  |
| Unit                         | ted States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVAN  | IA                  | V           | //M / DD / YYYY                           |   |  |  |
|                              | se number   |                     |             |   |   |  |  |
| (lf k                        | (nown)  |                     |             |   |   |  |  |
| 0                            | fficial Form 106J   |                     |             |   |   |  |  |
|                              | chedule J: Your Expenses  |                     |             |   | 12/15                                       |  |  |
| Be<br>info                   | as complete and accurate as possible. If two married people are filinormation. If more space is needed, attach another sheet to this formation (if known). Answer every question. |                     |             |   | r supplying correct                         |  |  |
| Par                          |   |                     |             |   |   |  |  |
| 1.                           | Is this a joint case?   |                     |             |   |   |  |  |
|                              | ■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate household?   |                     |             |   |   |  |  |
|                              |   |                     |             |   |   |  |  |
|                              | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for S  | Separate Househo    | old of Debt | or 2.                                     |   |  |  |
| 2.                           | Do you have dependents? ☐ No  |                     |             |   |   |  |  |
| ۷.                           | De vet l'et Debtee 4  | pendent's relations | hin to      | Dependent's                               | Does dependent                              |  |  |
|                              |   | btor 1 or Debtor 2  |             | age                                       | live with you?                              |  |  |
|                              | Do not state the  |                     |             |   | □ No  |  |  |
|                              | dependents names.   | on                  |             | 8   | Yes   |  |  |
|                              |   |                     |             |   | □ No  |  |  |
|                              |   |                     |             |   | ☐ Yes                                       |  |  |
|                              |   |                     |             |   | □ No  |  |  |
|                              |   |                     |             |   | ☐ Yes                                       |  |  |
|                              |   |                     |             |   | □ No  |  |  |
| 2                            | De veus expenses include —  |                     |             |   | ☐ Yes                                       |  |  |
| 3.                           | Do your expenses include expenses of people other than yourself and your dependents? ■ No Yes   |                     |             |   |   |  |  |
|                              | rt 2: Estimate Your Ongoing Monthly Expenses  |                     |             |   |   |  |  |
| exp                          | timate your expenses as of your bankruptcy filing date unless you ar<br>penses as of a date after the bankruptcy is filed. If this is a suppleme<br>plicable date.                |                     |             |   |   |  |  |
|                              | clude expenses paid for with non-cash government assistance if you  |                     |             |   |   |  |  |
|                              | e value of such assistance and have included it on <i>Schedule I: Your I</i><br>fficial Form 106I.)   | Income              |             | Your expe                                 | nses  |  |  |
| (Ο.                          |   |                     |             |   |   |  |  |
| 4.                           | The rental or home ownership expenses for your residence. Include payments and any rent for the ground or lot.  | e first mortgage    | 4. \$       |   | 642.34                                      |  |  |
|                              | If not included in line 4:  |                     |             |   |   |  |  |
|                              | 4a. Real estate taxes   |                     | 4a. \$      |   | 0.00  |  |  |
|                              | 4b. Property, homeowner's, or renter's insurance  |                     | 4b. \$      |   | 0.00  |  |  |
|                              | 4c. Home maintenance, repair, and upkeep expenses   |                     | 4c. \$      |   | 0.00  |  |  |
|                              | 4d. Homeowner's association or condominium dues   |                     | 4d. \$      |   | 0.00  |  |  |
| 5.                           | Additional mortgage payments for your residence, such as home ed  | quity loans         | 5. \$       |   | 0.00  |  |  |

Official Form 106J Schedule J: Your Expenses page 1

| Debtor 1      | Michele A. Williams   | Case num     | ber (if known)                        |                          |
|---------------|---|--------------|---------------------------------------|--------------------------|
| 6. <b>Uti</b> | lities:   |              |                                       |                          |
| 6a.           |   | 6a.          | \$                                    | 125.00                   |
| 6b.           |   | 6b.          | · -                                   | 130.00                   |
| 6c.           |   | 6c.          | ·                                     | 360.00                   |
| 6d.           |   | 6d.          |                                       | 0.00                     |
|               | od and housekeeping supplies  | 7.           | *                                     | 500.00                   |
|               | ildcare and children's education costs  | 8.           | ·                                     | 400.00                   |
|               | othing, laundry, and dry cleaning   | 9.           | ·                                     | 50.00                    |
|               | rsonal care products and services   | 10.          | · · · · · · · · · · · · · · · · · · · |                          |
|               | •   |              | ·                                     | 50.00                    |
|               | dical and dental expenses   | 11.          | \$                                    | 25.00                    |
|               | Insportation. Include gas, maintenance, bus or train fare.  not include car payments.             | 12.          | \$                                    | 300.00                   |
|               | tertainment, clubs, recreation, newspapers, magazines, and books                                  | 13.          | ·                                     | 25.00                    |
|               | aritable contributions and religious donations  | 14.          | ·                                     |                          |
|               | •   | 14.          | Φ                                     | 60.00                    |
| -             | urance.  not include insurance deducted from your pay or included in lines 4 or 20.               |              |                                       |                          |
|               | a. Life insurance   | 15a.         | \$                                    | 56.00                    |
|               | b. Health insurance   | 15a.<br>15b. | ·                                     | 0.00                     |
|               | c. Vehicle insurance  | 15b.<br>15c. | :                                     | 103.00                   |
|               | d. Other insurance. Specify:  | 15d.         | ·                                     |                          |
|               |   | 150.         | Ψ                                     | 0.00                     |
|               | <b>kes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.             | 16           | ¢                                     | 0.00                     |
|               | ecify:  | 16.          | \$                                    | 0.00                     |
|               | tallment or lease payments:<br>a. Car payments for Vehicle 1                                      | 170          | ¢                                     | 272.00                   |
|               | · ·   | 17a.         | ·                                     | 372.00                   |
|               | o. Car payments for Vehicle 2   | 17b.         | ·                                     | 283.84                   |
|               | c. Other. Specify:  | 17c.         | ·                                     | 0.00                     |
|               | d. Other. Specify:  | 17d.         | \$                                    | 0.00                     |
|               | ur payments of alimony, maintenance, and support that you did not report as                       | 18.          | \$                                    | 0.00                     |
|               | ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).                     | 10.          | \$                                    |                          |
|               | ner payments you make to support others who do not live with you.                                 | 19.          | Φ                                     | 0.00                     |
|               | ਰਯਾy.<br>ner real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i> e  |              | Your Income                           |                          |
|               | a. Mortgages on other property  | 20a.         |                                       | 0.00                     |
|               | o. Real estate taxes  | 20a.<br>20b. | ·                                     |                          |
|               |   |              | ·                                     | 0.00                     |
|               | c. Property, homeowner's, or renter's insurance   | 20c.         | ·                                     | 0.00                     |
|               | d. Maintenance, repair, and upkeep expenses   | 20d.         |                                       | 0.00                     |
|               | e. Homeowner's association or condominium dues  | 20e.         | · ·                                   | 0.00                     |
| 1. <b>Otl</b> | ner: Specify: Gym   | 21.          |                                       | 20.00                    |
|               | sband's Tire expenses   |              | +\$                                   | 83.00                    |
| Hu            | sband's Credit Card payments  |              | +\$                                   | 200.00                   |
| 2 (2          | culate your monthly expenses  |              |                                       |                          |
|               | a. Add lines 4 through 21.  |              | \$                                    | 3,785.18                 |
|               | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                |              | \$                                    | 3,103.10                 |
|               |   |              |                                       |                          |
| 220           | c. Add line 22a and 22b. The result is your monthly expenses.                                     |              | \$                                    | 3,785.18                 |
| 3. <b>Ca</b>  | culate your monthly net income.   |              |                                       |                          |
|               | a. Copy line 12 (your combined monthly income) from Schedule I.                                   | 23a.         | \$                                    | 5,109.51                 |
|               | o. Copy your monthly expenses from line 22c above.  | 23b.         | ·                                     | 3,785.18                 |
|               |   | 200.         | <b>*</b>                              | 3,100.10                 |
| 230           | c. Subtract your monthly expenses from your monthly income.                                       |              |                                       |                          |
|               | The result is your monthly net income.  | 23c.         | \$                                    | 1,324.33                 |
|               | , .   |              | _                                     |                          |
| 4. <b>Do</b>  | you expect an increase or decrease in your expenses within the year after yo                      | u file this  | s form?                               |                          |
|               | example, do you expect to finish paying for your car loan within the year or do you expect your n | nortgage pa  | ayment to increase                    | or decrease because of a |
|               | dification to the terms of your mortgage?   |              |                                       |                          |
| <b>I</b>      | No  |              |                                       |                          |
|               | Yes. Explain here:  |              |                                       |                          |

| Fill in this inforr                           | mation to identify your  | case:                    |                         |   |   |
|---|--|--------------------------|-------------------------|---|---|
| Debtor 1                                      | Michele A. William   |                          |                         |   |   |
| Debtor 2                                      | First Name   | Middle Name              | Last Name               |   |   |
| (Spouse if, filing)                           | First Name   | Middle Name              | Last Name               |   |   |
| United States Ba                              | inkruptcy Court for the:   | MIDDLE DISTRICT OF       | PENNSYLVANIA            |   |   |
| Case number                                   |  |                          |                         |   | ☐ Check if this is an amended filing                  |
| Official Forn                                 |  | n Individual             | Debtor's 9              | Schodulos                                     | 4045  |
| Declarat                                      | ion About a  | II IIIuIViuuai           | Deploi 3 C              | <u> </u>                                      | 12/15   |
| Did you pay                                   | n Below<br>y or agree to pay some  | one who is NOT an atto   | rney to help you fill o | out bankruptcy forms                          | ?   |
| ■ No  |  |                          |                         |   |   |
| ☐ Yes. N                                      | Name of person   |                          |                         | . Attach Bankruptcy Peand Signature (Official | etition Preparer's Notice, Declaration,<br>Form 119). |
| that they are<br>X <u>/s/ Micl</u><br>Michelo | Ity of perjury, I declare e true and correct.  hele A. Williams e A. Williams re of Debtor 1 | that I have read the sum | x                       | e of Debtor 2                                 | ation and   |
| Date [  | December 15, 2015  |                          | Date                    |   |   |
|   |  |                          |                         |   |   |

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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| Fill in          | this inforn   | nation to identify you    | r case:  |   |   |   |
|------------------|---|---------------------------|--|---|---|---|
| Debtor           | r 1   | Michele A. Willia         | nms  |   |   |   |
| Debtor           | r 2   | First Name                | Middle Name  | Last Name   |   |   |
| (Spouse          |   | First Name                | Middle Name  | Last Name   |   |   |
| United           | States Bar  | nkruptcy Court for the:   | MIDDLE DISTRICT OF P   | ENNSYLVANIA   |   |   |
| Case r           | number  |                           |  |   | -   | heck if this is an<br>mended filing                   |
| State<br>Be as c | ement<br>complete a   | nd accurate as poss       | attach a separate sheet to   | are filing together, both are                         | ankruptcy<br>equally responsible for sup<br>y additional pages, write you |   |
| Part 1           | Give D  | etails About Your Ma      | arital Status and Where You  | Lived Before  |   |   |
| 1. W             | Married   | current marital staturied | ıs?  |   |   |   |
| 2. Du            | uring the la  | ast 3 years, have you     | lived anywhere other than  | where you live now?                                   |   |   |
| <b>■</b>         | No<br>Yes. Lis  | t all of the places you   | lived in the last 3 years. Do no   | ot include where you live nov                         | v.  |   |
| D                | ebtor 1 Pr  | ior Address:              | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                                     | dress:  | Dates Debtor 2<br>lived there                         |
|                  |   |                           |  |   | nity property state or territor, ico, Texas, Washington and W             |   |
|                  | No<br>Yes. Ma   | ke sure you fill out Sci  | hedule H: Your Codebtors (O  | fficial Form 106H).                                   |   |   |
| Part 2           | Explai  | n the Sources of You      | r Income   |   |   |   |
| Fil              | ll in the tota  | I amount of income yo     | nployment or from operating ou received from all jobs and a have income that you receive | all businesses, including part                        |   | ndar years?   |
| □<br>■           |   | in the details.           |  |   |   |   |
|                  |   |                           | Debtor 1   |   | Debtor 2  |   |
|                  |   |                           | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                                | Gross income<br>(before deductions<br>and exclusions) |
|                  | From January 1 of current year until the date you filed for bankruptcy: |                           | ■ Wages, commissions, bonuses, tips  | \$37,377.70   | ☐ Wages, commissions, bonuses, tips                                       |   |
|                  |   |                           | ☐ Operating a business   |   | ☐ Operating a business  |   |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

|   |                         |                         |                                     | Debtor 1                       |                                      |                           |                                     | Debtor 2                       |                          |   |
|---|-------------------------|-------------------------|-------------------------------------|--------------------------------|--------------------------------------|---------------------------|-------------------------------------|--------------------------------|--------------------------|---|
|   |                         |                         |                                     | Sources of Check all t         |                                      |                           | income<br>deductions and<br>ons)    |                                | of income<br>that apply. | Gross income<br>(before deductions<br>and exclusions) |
| For last calendar year:<br>(January 1 to December 31, 2014) |                         |                         | ■ Wages, commissions, bonuses, tips |                                | \$40,003.08                          |                           | ☐ Wages, commissions, bonuses, tips |                                |                          |   |
|   |                         |                         |                                     | ☐ Operati                      | ng a business                        |                           |                                     | ☐ Opera                        | iting a busines          | s   |
|   |                         | dar year be<br>December |                                     | ■ Wages, bonuses, ti           | , commissions,<br>ips                |                           | \$43,148.32                         | ☐ Wage<br>bonuses,             | s, commissior<br>tips    | os,   |
|   |                         |                         |                                     | ☐ Operati                      | ng a business                        |                           |                                     | ☐ Opera                        | ting a busines           | s   |
|   | gambling List each  No  | and lottery v           | winnings. If y<br>the gross inc     | ou are filing a                |                                      | ou have in                | come that you re                    | eceived togethe that you liste | ner, list it only        | lawsuits; royalties; and once under Debtor 1.         |
|   |                         |                         |                                     | Debtor 1<br>Sources of         | f income                             | Gross                     | income                              | Debtor 2                       | of income                | Gross income  |
|   |                         |                         |                                     | Describe be                    |                                      |                           | deductions and                      | Describe                       |                          | (before deductions and exclusions)                    |
| Pa  | rt 3: Lis               | t Certain Pa            | ayments You                         | u Made Befoi                   | re You Filed for                     | Bankrupto                 | су                                  |                                |                          |   |
| 6.  | Are eithe ☐ No.         | Neither D<br>individual | ebtor 1 nor become primarily for a  | Debtor 2 has<br>a personal, fa | mily, or househol                    | umer debt<br>old purpose  | ."                                  |                                |                          | § 101(8) as "incurred by an                           |
|   |                         | □ No.                   | 90 days bef<br>Go to line           | •                              | for bankruptcy, di                   | id you pay                | any creditor a to                   | tal of \$6,225*                | or more?                 |   |
|   |                         | Yes                     | paid that c<br>not include          | reditor. Do no<br>payments to  |                                      | nts for dom<br>his bankru | nestic support ob<br>ptcy case.     | ligations, suc                 | h as child sup           | and the total amount you port and alimony. Also, do   |
|   | ■ Yes.                  | Debtor 1                | or Debtor 2                         | or both have                   | primarily consu                      | umer debt                 | s.                                  |                                |                          | unen.   |
|   |                         | •                       | ·                                   | ·                              | for bankruptcy, di                   | ia you pay                | any creditor a to                   | tal of \$600 or                | more?                    |   |
|   |                         | □ No.<br>■ Yes          | Go to line                          |                                |                                      | : 4-4-1                   | <b>ξ</b> Φ000                       |                                |                          | al that and ditan. Do not                             |
|   |                         | ■ res                   | include pa                          |                                | mestic support o                     |                           |                                     |                                | , ,                      | d that creditor. Do not on not include payments to    |
|   | Creditor                | 's Name an              | d Address                           |                                | Dates of payme                       | ent                       | Total amount paid                   | Amount<br>still                |                          | his payment for                                       |
|   | ASC<br>PO Box<br>Des Mo | : 10388<br>ines, IA 50  | 0306                                |                                | 9/1/2015,<br>10/1/2015,<br>11/1/2015 |                           | \$1,903.89                          | \$181,264                      | ☐ Ca<br>☐ Cre<br>☐ Lo    | edit Card<br>an Repayment<br>ppliers or vendors       |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case number (if known)

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Official Form 107

Michele A. Williams

Debtor 1

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Del | otor 1              | Michele A. Williams   |          | Case numbe   | r (if known)                            |                      |
|-----|---------------------|---|----------|--|---|----------------------|
|     |                     |   |          |  |   |                      |
| 14. |                     | n 2 years before you filed for bank No Yes. Fill in the details for each gift or                                |          | did you give any gifts or contributions with a to  | tal value of more thar                  | \$600 to any charity |
|     | more<br>Char        | or contributions to charities that<br>than \$600<br>ity's Name<br>less (Number, Street, City, State and ZIP Cod |          | Describe what you contributed  | Dates you contributed                   | Value                |
| Pai | rt 6:               | List Certain Losses   |          |  |   |                      |
| 15. |                     | n 1 year before you filed for bankr<br>ter, or gambling?  | uptcy or | since you filed for bankruptcy, did you lose an  | ything because of the                   | ft, fire, other      |
|     | _                   | No<br>Yes. Fill in the details.   |          |  |   |                      |
|     |                     | cribe the property you lost and   | Descri   | be any insurance coverage for the loss   | Date of your                            | Value of property    |
|     | now                 | the loss occurred   |          | the amount that insurance has paid. List g insurance claims on line 33 of <i>Schedule A/B:</i>                                 | loss                                    | lost                 |
| Pai | rt 7:               | List Certain Payments or Transfer   | s        |  |   |                      |
| 16. | Includ              | ulted about seeking bankruptcy or   | preparii | id you or anyone else acting on your behalf paying a bankruptcy petition? s, or credit counseling agencies for services requir |   | erty to anyone you   |
|     | Addr<br>Emai        | on Who Was Paid<br>less<br>il or website address<br>on Who Made the Payment, if Not                             | You      | Description and value of any property transferred  | Date payment or transfer was made       | Amount of payment    |
|     | PO E                | nifer Hoffman<br>Box 6355<br>isburg, PA 17112   |          |  | 05/14/2014                              | \$1,806.00           |
|     | 230<br>Hand<br>Hand | oney and Associates<br>York Street<br>over, PA 17331<br>over, PA 17331<br>@mooney4law.com                       |          | Attorney Fees \$510.00<br>Costs: \$390: Filing fee, Credit Report,<br>Debtor Education, My Case Info                           |   | \$900.00             |
| 17. | promi               |   | ditors o | d you or anyone else acting on your behalf pay<br>r to make payments to your creditors?<br>ted on line 16.                     | or transfer any prope                   | erty to anyone who   |
|     |                     | No  |          |  |   |                      |
|     |                     | Yes. Fill in the details.   |          |  | _                                       |                      |
|     | Perse<br>Addr       | on Who Was Paid<br>ress   |          | Description and value of any property transferred  | Date payment<br>or transfer was<br>made | Amount of payment    |
|     |                     |   |          |  |   |                      |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 18. | Within 2 years before you filed for bankrupto transferred in the ordinary course of your bu Include both outright transfers and transfers mainclude gifts and transfers that you have already  No Yes. Fill in the details.                                       | siness or financial af<br>de as security (such as                    | fairs?<br>the granting of a  | , ,          | . , , ,  | ,   |  |  |  |  |
|-----|---|--|------------------------------|--------------|--|---|--|--|--|--|
|     | Person Who Received Transfer<br>Address<br>Person's relationship to you   | Description and property transfer                                    |                              | paymen       | e any property or<br>ts received or debts<br>exchange        | Date transfer was made                        |  |  |  |  |
| 19. | <ul> <li>9. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of beneficiary? (These are often called asset-protection devices.)</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |  |                              |              |  |   |  |  |  |  |
|     | Name of trust   | Description and  | value of the prop            | erty transfe | erred  | Date Transfer was made                        |  |  |  |  |
|     | List of Certain Financial Accounts, Inst  | ,  | ,                            | Ū            |  | our benefit, closed,                          |  |  |  |  |
|     | sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, association in the details.   |  |                              |              | shares in banks, credi                                       | t unions, brokerage                           |  |  |  |  |
|     |   | Last 4 digits of account number                                      | Type of accourant instrument | c<br>r       | Date account was<br>closed, sold,<br>noved, or<br>ransferred | Last balance<br>before closing or<br>transfer |  |  |  |  |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?  No Yes. Fill in the details.  | ear before you filed fo  | or bankruptcy, an            | y safe depo  | sit box or other depos                                       | itory for securities,                         |  |  |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had ac<br>Address (Number,<br>State and ZIP Code)           |                              | Describe th  | e contents   | Do you still have it?                         |  |  |  |  |
| 22. | Have you stored property in a storage unit or   | r place other than you   | ır home within 1             | year before  | you filed for bankrupte                                      | су  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |                              |              |  |   |  |  |  |  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or<br>to it?<br>Address (Number,<br>State and ZIP Code) |                              | Describe th  | e contents   | Do you still have it?                         |  |  |  |  |
| Pai | t 9: Identify Property You Hold or Control f  | or Someone Else  |                              |              |  |   |  |  |  |  |
| 23. | Do you hold or control any property that som for someone.  No Yes. Fill in the details.   | neone else owns? Inc   | lude any propert             | y you borro  | wed from, are storing f                                      | or, or hold in trust                          |  |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the pro<br>(Number, Street, City,<br>Code)                  |                              | Describe th  | e property   | Value   |  |  |  |  |
| Pai | tt 10: Give Details About Environmental Info  | ,  |                              |              |  |   |  |  |  |  |
| For | the purpose of Part 10, the following definition  | ns apply:  |                              |              |  |   |  |  |  |  |

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy
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Best Case Bankruptcy

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Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it 25. Have you notified any governmental unit of any release of hazardous material? ☐ Yes. Fill in the details. Date of notice Name of site Governmental unit Environmental law, if you Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. Case Title Nature of the case Status of the Court or agency Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

Part 12: Sign Below

Name

Address

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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**Date Issued** 

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☐ Yes. Fill in the details below.

(Number, Street, City, State and ZIP Code)

Best Case Bankruptcy

| Debto    | Michele A. Williams                          | Case number (if known)  |
|----------|--|---|
| with a   |  | ng a false statement, concealing property, or obtaining money or property by fraud in connection p to \$250,000, or imprisonment for up to 20 years, or both. |
| /s/ Mi   | ichele A. Williams                           |   |
| Mich     | ele A. Williams                              | Signature of Debtor 2   |
| Signa    | ture of Debtor 1                             |   |
| Date     | December 15, 2015                            | Date  |
| Did yo   | u attach additional pages to <i>Your Sta</i> | tement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  |
| ■ No     | . •  |   |
| ☐ Yes    | 3  |   |
| Did yo   | u pay or agree to pay someone who is         | s not an attorney to help you fill out bankruptcy forms?  |
| <b>.</b> | · · · · · · · · · · · · · · · · · · ·        |   |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Fill in this inform             | nation to identify your case:                             |
|---------------------------------|---|
| Debtor 1                        | Michele A. Williams                                       |
| Debtor 2<br>(Spouse, if filing) |   |
| United States B                 | Bankruptcy Court for the: Middle District of Pennsylvania |
| Case number (if known)          |   |
|                                 |   |

| Check as directed in li                                   | nes 17 and 21:                            |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| According to the calculations required by this Statement: |   |  |  |  |  |  |  |
| 1. Disposable i<br>11 U.S.C. §                            | ncome is not determined under 1325(b)(3). |  |  |  |  |  |  |
| <ul><li>2. Disposable i</li><li>U.S.C. § 132</li></ul>    | ncome is determined under 11 25(b)(3).    |  |  |  |  |  |  |
| ☐ 3. The commit   | ment period is 3 years.                   |  |  |  |  |  |  |
| 4. The committ  | ment period is 5 years.                   |  |  |  |  |  |  |
| ☐ Check if this is a                                      | n amended filing                          |  |  |  |  |  |  |

#### Official Form 122C-1

## **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

# Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11.

■ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own

|  |                                   |                      |                                   | Colur<br><b>Debt</b> |          | <br>mn B<br>or 2 or<br>filing spouse |
|--|-----------------------------------|----------------------|-----------------------------------|----------------------|----------|--------------------------------------|
| Your gross wages, salary, tips, bonuses, overtim all payroll deductions).  | e, and co                         | ommissi              | ons (before                       | \$                   | 3,894.00 | \$<br>3,330.36                       |
| Alimony and maintenance payments. Do not include Column B is filled in.  | de payme                          | ents from            | a spouse if                       | \$                   | 0.00     | \$<br>0.00                           |
| All amounts from any source which are regularly of you or your dependents, including child supportion an unmarried partner, members of your househ and roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3 Net income from operating a business, | ort. Included old, your spouse of | de regula<br>depende | r contributions<br>ents, parents, | \$                   | 0.00     | \$<br>0.00                           |
| profession, or farm  | Debtor                            | 1                    |                                   |                      |          |                                      |
| Gross receipts (before all deductions)   | \$                                | 0.00                 |                                   |                      |          |                                      |
| Ordinary and necessary operating expenses  | -\$                               | 0.00                 |                                   |                      |          |                                      |
| Net monthly income from a business, profession, or   | farm \$                           | 0.00                 | Copy here ->                      | \$                   | 0.00     | \$<br>0.00                           |
| Net income from rental and other real property   | Debtor                            | 1                    |                                   |                      |          |                                      |
| Gross receipts (before all deductions)   | \$_                               | 0.00                 |                                   |                      |          |                                      |
| Ordinary and necessary operating expenses  | -\$                               | 0.00                 |                                   |                      |          |                                      |
| Net monthly income from rental or other real property  | , ¢ _                             | 0.00                 | Copy here ->                      | \$                   | 0.00     | \$<br>0.00                           |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

|            |  |  |  |   | Column A Debtor 1  |                                   |   |                                    |  |
|------------|--|--|--|---|--|-----------------------------------|---|------------------------------------|--|
| 7.         | Interest, dividends, and royalties   |  |  |   | \$   | 0.00                              | \$<br>  | 0.00                               | -  |
| 8.         | Unemployment compensation  |  |  |   | \$   | 0.00                              | \$  | 0.00                               | -  |
|            | Do not enter the amount if you cont<br>under the Social Security Act. Inste  |  | ceived was a bei   | nefit   |  |                                   |   |                                    |  |
|            | For you  |  |  | 0.00  |  |                                   |   |                                    |  |
|            | For your spouse  |  |  | 0.00  |  |                                   |   |                                    |  |
| 9.         | <b>Pension or retirement income.</b> Do benefit under the Social Security Ad   |  | nt received that v   | was a   | \$   | 0.00                              | \$  | 0.00                               | =  |
| 10.        | Income from all other sources not not include any benefits receive received as a victim of a war crime, domestic terrorism. If necessary, listotal below.  | d under the Social Secu<br>, a crime against human   | urity Act or paym<br>nity, or internation  | nents<br>nal or   |  |                                   |   |                                    |  |
|            |  |  |  |   | \$   | 0.00                              | \$  | 0.00                               |  |
|            |  |  |  |   | \$   | 0.00                              | \$  | 0.00                               | -  |
|            | Total amounts from separa  | ate pages, if any.   |  | +   | - \$   | 0.00                              | \$  | 0.00                               | -  |
| 11.        | Calculate your total average mon<br>each column. Then add the total for  | thly income. Add lines Column A to the total f   | s 2 through 10 for<br>for Column B.  | r<br>\$   | 3,894.00   | + \$ _                            | 3,330.36  | = \$_                              | 7,224.36   |
| art        |  |  |  |   |  |                                   |   | m                                  | otal average onthly income                       |
| 12.        | Copy your total average monthly Calculate the marital adjustment.  | income from line 11  |  |   |  |                                   |   | m                                  |  |
| 12.        | Copy your total average monthly Calculate the marital adjustment.  | income from line 11  |  |   |  |                                   |   | m                                  | onthly income                                    |
| 12.        | Copy your total average monthly Calculate the marital adjustment.  You are not married. Fill in 0 b  | income from line 11  | ll in 0 below.   |   |  |                                   |   | m                                  | onthly income                                    |
| 12.        | Copy your total average monthly Calculate the marital adjustment.  You are not married. Fill in 0 b  | income from line 11  | II in 0 below.<br>J.<br>mn B, that was N   | NOT regu  | ılarly paid for  | the hous                          | ehold expens                                    | \$s                                | 7,224.36   |
| 12.        | Copy your total average monthly Calculate the marital adjustment.  You are not married. Fill in 0 b  You are married and your spore You are married and your spore Fill in the amount of the income  | income from line 11.  Check one: below.  use is filing with you. Filuse is not filing with you be listed in line 11, Colurt of the spouse's tax liab accluding this income and   | II in 0 below.<br>I.<br>mn B, that was N<br>bility or the spous  | NOT regu<br>se's supp                                   | ılarly paid for<br>ort of someo                            | the hous                          | ehold expens                                    | \$ses of your depen                | 7,224.36  or your dents.                         |
| 12.        | Copy your total average monthly Calculate the marital adjustment.  You are not married. Fill in 0 b You are married and your spor Fill in the amount of the incom dependents, such as payment Below, specify the basis for ex  | income from line 11.  Check one: welow.  use is filing with you. Filing with you in listed in line 11, Colurt of the spouse's tax liab accluding this income and ge.  bly, enter 0 below.  | II in 0 below.<br>I.<br>mn B, that was N<br>bility or the spous  | NOT regu<br>se's supp                                   | ılarly paid for<br>ort of someo                            | the hous<br>ne other<br>ch purpos | ehold expens                                    | \$ses of your depen                | 7,224.36  or your dents.                         |
| 12.        | Copy your total average monthly Calculate the marital adjustment.  You are not married. Fill in 0 b You are married and your spor Fill in the amount of the incom dependents, such as payment Below, specify the basis for exadjustments on a separate paying this adjustment does not approximate the calculations.   | income from line 11.  Check one: welow.  use is filing with you. Filing with you in listed in line 11, Colurt of the spouse's tax liab accluding this income and ge.  bly, enter 0 below.  | II in 0 below.<br>I.<br>mn B, that was N<br>bility or the spous  | NOT regu<br>se's supp<br>income d                       | ılarly paid for<br>ort of someo<br>levoted to ea           | the hous<br>ne other<br>ch purpos | ehold expens                                    | \$ses of your depen                | 7,224.36  or your dents.                         |
| 12.        | Copy your total average monthly Calculate the marital adjustment.  You are not married. Fill in 0 b You are married and your spor Fill in the amount of the incom dependents, such as payment Below, specify the basis for exadjustments on a separate paying this adjustment does not approximate the calculations.   | income from line 11.  Check one: welow.  use is filing with you. Filing with you in listed in line 11, Colurt of the spouse's tax liab accluding this income and ge.  bly, enter 0 below.  | II in 0 below.<br>I.<br>mn B, that was N<br>bility or the spous  | NOT regu<br>se's supp<br>income d<br>\$                 | ılarly paid for<br>ort of someo<br>levoted to ea           | the hous<br>ne other<br>ch purpos | ehold expens                                    | \$ses of your depen                | 7,224.36  or your idents.                        |
| 12.        | Copy your total average monthly Calculate the marital adjustment.  You are not married. Fill in 0 b You are married and your sport Fill in the amount of the income dependents, such as payment Below, specify the basis for exadjustments on a separate payous fit this adjustment does not appropriate the service of the servi | income from line 11.  Check one: welow.  use is filing with you. Filing with you in listed in line 11, Colurt of the spouse's tax liab accluding this income and ge.  bly, enter 0 below.  | II in 0 below.  J.  mn B, that was Noility or the spous d the amount of i  | NOT regu<br>se's supp<br>income d<br>\$<br>\$           | ılarly paid for<br>ort of someo<br>levoted to ea           | the hous<br>ne other<br>ch purpos | ehold expens                                    | \$ses of your depen                | 7,224.36  or your dents. ditional                |
| 12.<br>13. | Copy your total average monthly Calculate the marital adjustment.  You are not married. Fill in 0 b You are married and your sport Fill in the amount of the income dependents, such as payment Below, specify the basis for exadjustments on a separate payous fit this adjustment does not appropriate the service of the servi | income from line 11.  Check one: below.  Use is filing with you. Filing with you in listed in line 11, Colurt of the spouse's tax liab accluding this income and ge.  Doly, enter 0 below.   | II in 0 below.  I.  mn B, that was Noility or the spous d the amount of i  | NOT reguse's suppincome d                               | ilarly paid for<br>ort of someo<br>levoted to ea<br>216.6  | the hous<br>ne other<br>ch purpos | ehold expens<br>than you or y<br>se. If necessa | \$ses of your depen                | 7,224.36  or your idents.                        |
| 12.<br>13. | Copy your total average monthly Calculate the marital adjustment.  You are not married. Fill in 0 b You are married and your sport Fill in the amount of the income dependents, such as payment Below, specify the basis for exadjustments on a separate payous fit this adjustment does not approve a spouse's auto payment and spouse's auto payment below.  Total   | income from line 11.  Check one: Delow.  Use is filing with you. Filing with you in the listed in line 11, Colure of the spouse's tax liable coluding this income and ge.  Doly, enter 0 below.  The spouse of the spouse of the spouse's tax liable coluding this income and ge.  Doly, enter 0 below.  The spouse of the spouse of the spouse of the spouse's tax liable column.  Subtract line 13 from line of the spouse of the sp | Il in 0 below.  J.  mn B, that was Noility or the spous d the amount of i  | NOT regu<br>se's supp<br>income d<br>\$<br>_ \$<br>_ \$ | ilarly paid for<br>ort of someo<br>levoted to ea<br>216.6  | the hous<br>ne other<br>ch purpos | ehold expens<br>than you or y<br>se. If necessa | ses of you rour depen              | or your dents. ditional                          |
| 12.<br>13. | Copy your total average monthly Calculate the marital adjustment.  You are not married. Fill in 0 b You are married and your sport Fill in the amount of the income dependents, such as payment Below, specify the basis for exadjustments on a separate payor if this adjustment does not approve Spouse's auto payment Total  Your current monthly income. See Calculate your current monthly  | income from line 11.  Check one: welow.  Use is filing with you. Filing with you in the listed in line 11, Colurt of the spouse's tax liab accluding this income and ge.  Doly, enter 0 below.  The spouse of the sp | Il in 0 below.  J.  mn B, that was Noility or the spous d the amount of i  | NOT reguse's suppincome d  \$ \$ \$ \$ \$               | ularly paid for<br>port of someo<br>levoted to ea<br>216.6 | the hous<br>ne other<br>ch purpos | ehold expens<br>than you or y<br>se. If necessa | ses of you rour depen              | onthly income 7,224.36  or your idents. ditional |
| 12.<br>13. | Copy your total average monthly Calculate the marital adjustment.  You are not married. Fill in 0 b You are married and your sport Fill in the amount of the income dependents, such as payment Below, specify the basis for exadjustments on a separate payor if this adjustment does not approve Spouse's auto payment Total  Your current monthly income. See Calculate your current monthly  | income from line 11.  Check one: Delow.  Use is filing with you. Filing with you in the listed in line 11, Colurt of the spouse's tax liable accluding this income and ge.  Doly, enter 0 below.  The spouse of the  | Il in 0 below.  J.  mn B, that was Noility or the spous d the amount of it is a mount of it | NOT reguse's suppincome d  \$ \$ \$ \$ \$               | ularly paid for<br>port of someo<br>levoted to ea<br>216.6 | the hous<br>ne other<br>ch purpos | ehold expens<br>than you or y<br>se. If necessa | ses of you your depen ary, list ad | or your dents. ditional                          |

| Debt | or 1  | Michele A. Williams   |                                      | Case number (if known)   |               |                   |
|------|-------|---|--------------------------------------|--|---------------|-------------------|
| 16   | . Cal | culate the median family income that applies to   | you. Follow the                      | se steps:  |               |                   |
|      | 16a   | . Fill in the state in which you live.  | PA                                   |  |               |                   |
|      | 4.Ch  | Fill in the country of people in your beyondald   |                                      |  |               |                   |
|      |       | Fill in the median family income for your state and   | 3                                    |  | _             | 73,235.00         |
|      | 100   | <ul> <li>Fill in the median family income for your state and<br/>To find a list of applicable median income amount</li> </ul>                       |                                      |  | \$_           | 73,233.00         |
|      |       | instructions for this form. This list may also be ava   | ailable at the bar                   | nkruptcy clerk's office.   |               |                   |
| 17   |       | w do the lines compare?   |                                      |  |               |                   |
|      | 17a   |   |                                      | ge 1 of this form, check box 1, <i>Disposable</i> rulation of Your Disposable Income (Official |               |                   |
|      | 17b   |   | ulation of Your                      | s form, check box 2, <i>Disposable income is</i> <b>Disposable Income (Official Form 122C</b>  |               |                   |
| Par  | t 3:  | Calculate Your Commitment Period Under 11   | U.S.C. § 1325(                       | b)(4)  |               |                   |
| 18.  | Cop   | by your total average monthly income from line  | 11                                   |  | . \$          | 7,224.36          |
| 19.  | con   | duct the marital adjustment if it applies. If you are tend that calculating the commitment period under use's income, copy the amount from line 13. | e married, your s<br>11 U.S.C. § 132 | spouse is not filing with you, and you<br>5(b)(4) allows you to deduct part of your            |               |                   |
|      | 19a   | . If the marital adjustment does not apply, fill in 0 or  | n line 19a.                          |  | -\$           | 216.67            |
|      |       |   |                                      |  |               |                   |
|      | 19b   | Subtract line 19a from line 18.   |                                      |  | \$            | 7,007.69          |
| 20.  | Cal   | culate your current monthly income for the year   | . Follow these s                     | steps:   |               |                   |
|      | 20a   | . Copy line 19b   |                                      |  | \$_           | 7,007.69          |
|      |       | Multiply by 12 (the number of months in a year).  |                                      |  |               | <b>x</b> 12       |
|      |       |   |                                      |  |               |                   |
|      | 20b   | . The result is your current monthly income for the   | ear for this part                    | of the form  | \$            | 84,092.28         |
|      |       |   |                                      |  |               |                   |
|      |       |   |                                      |  |               |                   |
|      | 20c   | . Copy the median family income for your state and  | size of househo                      | old from line 16c  | \$_           | 73,235.00         |
|      |       |   |                                      |  |               |                   |
|      | 21.   | How do the lines compare?   |                                      |  |               |                   |
|      |       | Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.  | ise ordered by t                     | he court, on the top of page 1 of this form,   | check box 3,  | The commitment    |
|      |       | Line 20b is more than or equal to line 20c. Use commitment period is 5 years. Go to Part 4.   | nless otherwise                      | ordered by the court, on the top of page 1 of  | of this form, | check box 4, The  |
| Par  | t 4:  | Sign Below  |                                      |  |               |                   |
|      | By s  | signing here, under penalty of perjury I declare that   | the information                      | on this statement and in any attachments is  | s true and co | orrect.           |
| ,    | ( /s/ | / Michele A. Williams   |                                      |  |               |                   |
| •    | Mi    | ichele A. Williams  |                                      |  |               |                   |
|      |       | gnature of Debtor 1   |                                      |  |               |                   |
|      | Date  | P December 15, 2015<br>MM / DD / YYYY   |                                      |  |               |                   |
|      | If yo | ou checked 17a, do NOT fill out or file Form 122C-2   |                                      |  |               |                   |
|      | If yo | ou checked 17b, fill out Form 122C-2 and file it with   | this form. On lir                    | ne 39 of that form, copy your current month  | ly income fro | om line 14 above. |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

| Fill in this  | information to identify your case:   |   |                                     |
|---|--|---|-------------------------------------|
| Debtor 1  | Michele A. Williams  | _   |                                     |
| Debtor 2<br>(Spouse, if   | filing)  | _   |                                     |
| United State  | es Bankruptcy Court for the: Middle District of Pennsylvania   | _   |                                     |
| Case numb<br>(if known)   | per  | ☐ Check if this is an amended fi  | iling                               |
| Official For  | m 122C-2<br>er 13 Calculation of Your Disposable   | e Income  | 12/15                               |
|   | his form, you will need your completed copy of <i>Chapter 13 State</i>   | ement of Your Current Monthly income and Calculation  | of                                  |
| space is ne   | olete and accurate as possible. If two married people are filing t<br>eded, attach a separate sheet to this form, Include the line num<br>pages, write your name and case number (if known).   |   |                                     |
| Part 1:   | Calculate Your Deductions from Your Income   |   |                                     |
| Deduct the expenses 122C-1,  If your expenses to the expenses | rnal Revenue Service (IRS) issues National and Local Standard stions in lines 6-15. To find the IRS standards, go online using the tion may also be available at the bankruptcy clerk's office.  The expense amounts set out in lines 6-15 regardless of your actual easif they are higher than the standards. Do not include any operating and do not deduct any amounts that you subtracted from your spour expenses differ from month to month, enter the average expense.  The numbers 1-4 are not used in this form. These numbers apply to in a number of people used in determining your deductions from its positions. | the link specified in the separate instructions for this for the link specified in the separate instructions for this for expense. In later parts of the form, you will use some of you green sess that you subtracted from income in lines 5 and 6 use's income in line 13 of Form 122C-1. | orm. This<br>ur actual<br>6 of Form |
| Fill i<br>plus  | in the number of people who could be claimed as exemptions on yos the number of any additional dependents whom you support. This number of people in your household.   | our federal income tax return,  |                                     |
| National  | Standards You must use the IRS National Standards to a   | answer the questions in lines 6-7.  |                                     |
|   | od, clothing, and other items: Using the number of people you entinderds, fill in the dollar amount for food, clothing, and other items.   | tered in line 5 and the IRS National  | 1,249.00                            |
| the peo   | t-of-pocket health care allowance: Using the number of people yo dollar amount for out-of-pocket health care. The number of people is ple who are 65 or olderbecause older people have a higher IRS all ner than this IRS amount, you may deduct the additional amount on  | is split into two categoriespeople who are under 65 and llowance for health car costs. If your actual expenses are  |                                     |

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**Chapter 13 Calculation of Your Disposable Income** 

| eople v   | who are under 65 years of age   |  |   |   |                         |   |                  |
|---|---|--|---|---|-------------------------|---|------------------|
| 7a.   | Out-of-pocket health care allowance per person  | \$   | 60  |   |                         |   |                  |
| 7b.   | Number of people who are under 65   | X :  | 3   |   |                         |   |                  |
| 7c.   | Subtotal. Multiply line 7a by line 7b.  | \$ 180   | 0.00  | Copy here=  | > \$                    | 180.00                                  |                  |
| eople v   | who are 65 years of age or older  |  |   |   |                         |   |                  |
| 7d.   | Out-of-pocket health care allowance per person  | \$   | 144   |   |                         |   |                  |
| 7e.   | Number of people who are 65 or older  | X (  | <br>)   |   |                         |   |                  |
| 7f.   | Subtotal. Multiply line 7d by line 7e.  | \$   | 0.00  | Copy here=  | > \$                    | 0.00                                    |                  |
| 7g.   | Total. Add line 7c and line 7f  |  | \$  | 180.00  |                         | Copy total here=>                       | \$180.00         |
| nkrup<br>Hous   | on information from the IRS, the U.S. Trustee Pro<br>otcy purposes into two parts:<br>sing and utilities - Insurance and operating expensions<br>of the continuation of the con |  | aea the ik  | o Local Glanda  |                         |   |                  |
| nkrup<br>Hous<br>Hous<br>answ<br>parate   | otcy purposes into two parts:<br>sing and utilities - Insurance and operating expensing and utilities - Mortgage or rent expenses<br>wer the questions in lines 8-9, use the U.S. Trusto<br>is instructions for this form. This chart may also  | nses<br>ee Program ch<br>be available a  | art. To finc<br>t the bankr   | I the chart, go c<br>uptcy clerk's of                     | onlin                   | e using the link                        | specified in the |
| nkrup<br>Hous<br>Hous<br>answ<br>parate<br>Hou  | otcy purposes into two parts:<br>sing and utilities - Insurance and operating expensing and utilities - Mortgage or rent expenses<br>over the questions in lines 8-9, use the U.S. Trusto   | nses<br>ee Program ch<br>be available a<br>penses: Using t   | art. To find<br>t the bankr<br>the number   | I the chart, go c<br>uptcy clerk's of<br>of people you er | onlin                   | e using the link                        | specified in the |
| Hous Hous Hous answeparate Hou  | otcy purposes into two parts:  sing and utilities - Insurance and operating expensing and utilities - Mortgage or rent expenses  ver the questions in lines 8-9, use the U.S. Trusto e instructions for this form. This chart may also using and utilities - Insurance and operating exp  | nses<br>ee Program ch<br>be available a<br>penses: Using t   | art. To find<br>t the bankr<br>the number   | I the chart, go c<br>uptcy clerk's of<br>of people you er | onlin                   | e using the link                        | •                |
| Hous<br>Hous<br>Hous<br>answeparate<br>Hou<br>fill it   | otcy purposes into two parts:  sing and utilities - Insurance and operating expensing and utilities - Mortgage or rent expenses  wer the questions in lines 8-9, use the U.S. Truste is instructions for this form. This chart may also using and utilities - Insurance and operating exp in the dollar amount listed for your county for insurance   | nses ee Program ch be available at benses: Using the and operati   | nart. To find<br>t the bankr<br>the number<br>ing expense   | I the chart, go c<br>uptcy clerk's of<br>of people you er | onlin                   | e using the link<br>d in line 5,<br>\$_ | •                |
| House | stroy purposes into two parts: sing and utilities - Insurance and operating expensing and utilities - Mortgage or rent expenses wer the questions in lines 8-9, use the U.S. Truste e instructions for this form. This chart may also using and utilities - Insurance and operating exp in the dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses:  Using the number of people you entered in line 5,   | nses  ee Program ch be available ad benses: Using th nce and operati fill in the dollar es.  | nart. To find<br>t the bankr<br>the number<br>ng expense<br>amount                                      | I the chart, go cuptcy clerk's of of people you ers.      | onlin<br>fice.<br>ntere | e using the link<br>d in line 5,<br>\$_ | •                |
| House | stroy purposes into two parts: sing and utilities - Insurance and operating expensing and utilities - Mortgage or rent expenses wer the questions in lines 8-9, use the U.S. Truste e instructions for this form. This chart may also using and utilities - Insurance and operating exp in the dollar amount listed for your county for insurar using and utilities - Mortgage or rent expenses:  Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses  | nses  ee Program ch be available at benses: Using th nce and operati fill in the dollar es. and other debte add all amounts  | art. To find<br>the bankr<br>the number<br>ing expense<br>amount<br>s secured b                         | I the chart, go cuptcy clerk's of of people you ers.      | onlin<br>fice.<br>ntere | e using the link<br>d in line 5,<br>\$_ | •                |
| House | string and utilities - Insurance and operating expensing and utilities - Mortgage or rent expenses are the questions in lines 8-9, use the U.S. Truster instructions for this form. This chart may also using and utilities - Insurance and operating expensing and utilities - Insurance and operating expensing and utilities - Mortgage or rent expenses:  Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses.  Total average monthly payment for all mortgages.  To calculate the total average monthly payment, a contractually due to each secured creditor in the 6  | nses  ee Program ch be available at benses: Using th nce and operati  fill in the dollar es.  and other debts add all amounts on months after                                      | art. To find<br>the bankr<br>the number<br>ing expense<br>amount<br>s secured b<br>that are<br>you file | I the chart, go cuptcy clerk's of of people you ers.      | onlin<br>fice.<br>ntere | e using the link<br>d in line 5,<br>\$_ | •                |
| House | sing and utilities - Insurance and operating expensing and utilities - Mortgage or rent expenses are the questions in lines 8-9, use the U.S. Truster instructions for this form. This chart may also using and utilities - Insurance and operating expensing and utilities - Insurance and operating expensing and utilities - Mortgage or rent expenses:  Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses.  Total average monthly payment for all mortgages.  To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60.   | nses  ee Program ch be available at benses: Using th nce and operati  fill in the dollar es.  and other debts add all amounts on months after  Average                             | art. To find<br>the bankr<br>the number<br>ing expense<br>amount<br>s secured b<br>that are<br>you file | I the chart, go ouptcy clerk's of of people you ens.      | onlin<br>fice.<br>ntere | e using the link<br>d in line 5,<br>\$_ | •                |
| House | sing and utilities - Insurance and operating expensing and utilities - Mortgage or rent expenses are the questions in lines 8-9, use the U.S. Truster instructions for this form. This chart may also using and utilities - Insurance and operating expensing and utilities - Insurance and operating expensing and utilities - Mortgage or rent expenses:  Using the number of people you entered in line 5, listed for your county for mortgage or rent expenses.  Total average monthly payment for all mortgages. To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60.  | nses  ee Program che available at the available at the and operation of the and operation of the and other debts and other debts and all amounts on months after Average payments. | art. To find<br>the bankr<br>the number<br>ing expense<br>amount<br>s secured b<br>that are<br>you file | I the chart, go ouptcy clerk's of of people you ens.      | onlin<br>fice.<br>ntere | e using the link<br>d in line 5,<br>\$_ | •                |

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

Сору 513.66 513.66 here=>

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Explain why:

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 278.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 Describe Vehicle 1: Volkswagon 13a. Ownership or leasing costs using IRS Local Standard..... 517.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

|      | Name of each creditor for Vehicle 1  | Averag<br>payme | e monthly<br>nt |                   |               |                                 |        |
|------|--|-----------------|-----------------|-------------------|---------------|---------------------------------|--------|
|      | Volkswagon Credit  | \$              | 45.62           |                   |               |                                 |        |
|      |  |                 |                 | 1                 |               | Donast this                     |        |
|      | Total Average Monthly Payment  | \$              | 45.62           | Copy<br>here => - | 45            | Repeat this amount on line 33b. |        |
| 13c. | Net Vehicle 1 ownership or lease expense   |                 |                 |                   |               | Copy net                        |        |
|      | Subtract line 13b from line 13a. if this number is less than \$  | 0, enter \$6    | D               |                   | 4=4.00        | Vehicle 1 expense here          |        |
|      |  |                 |                 | \$                | 471.38        | => \$                           | 471.38 |
| Val  | icle 2 Describe Vehicle 2:   |                 |                 |                   |               | J                               |        |
|      | icle 2 Describe Vehicle 2:  Ownership or leasing costs using IRS Local Standard  |                 |                 | . \$              | 0.00          |                                 |        |
|      | Average monthly payment for all debts secured by Vehicle 2 leased vehicles.  |                 |                 | · —               |               |                                 |        |
|      | Name of each creditor for Vehicle 2  | Averag<br>payme | e monthly<br>nt |                   |               |                                 |        |
|      |  | \$              |                 |                   |               |                                 |        |
|      |  |                 |                 | Сору              |               | Repeat this                     |        |
|      | Total Average Monthly Payment  | \$              |                 | here              | 0.00          | amount on line                  |        |
|      |  |                 | <del>.</del>    |                   |               | 000.                            |        |
| 13f. | Net Vehicle 2 ownership or lease expense   |                 |                 |                   |               | Copy net<br>Vehicle 2           |        |
|      | Subtract line 13e from line 13d. if this number is less than \$  | 0, enter \$0    | O               |                   | 0.00          | expense here                    | 0.00   |
|      |  |                 |                 |                   |               | ]=> \$                          |        |
| 14.  | Public transportation expense: If you claimed 0 vehicles<br>Public Transportation expense allowance regardless of  |                 |                 |                   |               | n the \$                        | 0.00   |
| 15.  | Additional public transportation expense: If you claimed   |                 |                 |                   |               |                                 |        |
|      | also deduct a public transportation expense, you may fill in value of the contract of the cont |                 |                 | propriate ex      | pense, but yo | su may<br>\$                    | 0.00   |

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| Oth | er Necessary Exp   |   | ddition to the expense following IRS categori                              |                               | s listed above                     | , you are allowed your monthly expenses   | s for       |          |
|-----|--|---|--|-------------------------------|------------------------------------|---|-------------|----------|
| 16. | self-employment from your pay for  | axes, social s<br>these taxes. He<br>nat number fro | ecurity taxes, and Med<br>lowever, if you expect<br>m the total monthly ar | dicare taxes<br>to receive    | s. You may inda<br>a tax refund, y | nd local taxes, such as income taxes, clude the monthly amount withheld you must divide the expected refund by pay for taxes.           | \$          | 1,116.27 |
| 17. |  |   |  | eductions th                  | nat your job re                    | quires, such as retirement  |             |          |
|     | Contributions, union   | •   |  | iob, such a                   | s voluntary 40                     | 01(k) contributions or payroll savings.   | \$          | 4.50     |
| 18. | <b>Life Insurance:</b> The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.  Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. |   |  |                               |                                    | \$  | 0.00        |          |
| 19. | Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.   |   |  |                               |                                    |   | \$          | 605.00   |
| 20. | ·  |   | mount that you pay fo  | •                             |                                    | · ·   |             |          |
|     | as a condition   | -   |  |                               |                                    |   |             |          |
|     | for your physic  | ally or mental                                      | y challenged depende   | ent child if n                | o public educ                      | ation is available for similar services.  | \$          | 0.00     |
| 21. |  | otal monthly ar                                     | nount that you pay for   | childcare,                    | such as baby                       | sitting, daycare, nursery, and  |             |          |
|     | preschool.  Do not include pa  | yments for an                                       | y elementary or secon  | dary schoo                    | l education.                       |   | \$          | 400.00   |
| 22. |  |   |  |                               |                                    | amount that you pay for health care   |             |          |
|     | by a health saving   | gs account. Ind                                     | d welfare of you or yo<br>clude only the amount<br>or health savings acco  | that is mor                   | e than the tota                    |   | \$          | 0.00     |
| 23. | services for you a<br>business cell pho  | nd your deperne service, to                         | dents, such as pagers  | s, call waitii<br>or your hea | ng, caller iden                    | you pay for telecommunication tification, special long distance, or re or that of your dependents or for the                            |             |          |
|     |  |   |  |                               |                                    | rvice. Do not include self-employment nount you previously deducted.  | <b>+</b> \$ | 0.00     |
|     | o, po., o do., o d   | oooo .opo   |  |                               | , o. a, a                          | ioum you promously assussed.  |             | E 244 04 |
| 24. | Add all of the ex<br>Add lines 6 through   |   | ed under the IRS exp   | ense allov                    | vances.                            |   | \$          | 5,341.81 |
| Add | litional Expense D   | eductions   | These are additional Note: Do not include                                  |                               |                                    |   | <u> </u>    |          |
| 25. |  |   |  |                               |                                    | nses. The monthly expenses for health<br>ly necessary for yourself, your spouse, or   | or          |          |
|     | Health insurance   |   |  | \$                            | 57.00                              |   |             |          |
|     | Disability insurance   | ce  |  | \$                            | 0.00                               |   |             |          |
|     | Health savings ac  | count   |  | +\$                           | 0.00                               |   |             |          |
|     | Total  |   |  | \$                            | 57.00                              | Copy total here=>   | \$          | 57.00    |
|     | Do you actually s <sub>l</sub> ☐ No. How r   |   | amount?<br>ctually spend?  |                               |                                    | _   |             |          |
|     | Yes  |   |  | \$                            |                                    |   |             |          |
| 26. | continue to pay for<br>of your household   | r the reasonal<br>or member o                       | ole and necessary car  | e and supp<br>ly who is ur    | ort of an elder<br>nable to pay fo | e actual monthly expenses that you will<br>rly, chronically ill, or disabled member<br>or such expenses. These expenses<br>C. § 529A(b) | \$          | 0.00     |
| 27. | Protection again   | st family viol                                      | ence. The reasonably   | necessary                     | monthly expe                       | enses that you incur to maintain the ses Act or other federal laws that apply.  |             |          |
|     | By law, the court must keep the nature of these expenses confidential. \$  |   |  |                               |                                    |   |             |          |

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| 20                   | Michele A. Williams   | Case   | number ( <i>if known</i> )   |                                      |             |              |
|----------------------|---|--|--|--------------------------------------|-------------|--------------|
|                      | Additional home energy costs. Your hom allowance on line 8.   | e energy costs are included in your non-mortg  | age housing and utilities  |                                      |             |              |
|                      | If you believe that you have home energy of line 8, then fill in the excess amount of hom   | osts that are more than the home energy costs the energy costs                             | s included in expenses or  | 1                                    |             |              |
|                      | You must give your case trustee document amount claimed is reasonable and necessary   | ation of your actual expenses, and you must s ary.   | how that the additional  | ;                                    | \$          | 0.00         |
|                      |   | Iren who are younger than 18. The monthly expendent children who are younger than 18 years |  | or                                   |             |              |
|                      | You must give your case trustee document claimed is reasonable and necessary and r  | ation of your actual expenses, and you must e not already accounted for in lines 6-23.     | xplain why the amount  |                                      |             |              |
|                      | * Subject to adjustment on 4/01/16, and ev  | . (  | \$   | 0.00                                 |             |              |
|                      |   |  |  |                                      |             |              |
|                      | To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. |  |  |                                      |             |              |
|                      | You must show that the additional amount  | claimed is reasonable and necessary.   |  | ,                                    | \$          | 0.00         |
|                      | <b>Continuing charitable contributions.</b> The instruments to a religious or charitable organization   | e amount that you will continue to contribute in inization. 11 U.S.C. § 548(d)3 and (4).   | the form of cash or financ   | cial                                 |             |              |
|                      | Do not include any amount more than 15%   | of your gross monthly income.  |  | ,                                    | \$          | 60.00        |
|                      | Add all of the additional expense deduc<br>Add lines 25 through 31.   | ions   |  | \$                                   | 1           | 17.00        |
| Dedi                 | uctions for Debt Payment  |  |  |                                      |             |              |
| 33. <b>F</b>         | For debts that are secured by an interest   | in property that you own, including home n   | nortgages, vehicle   |                                      |             |              |
|                      | oans, and other secured debt, fill in lines   | •  |  |                                      |             |              |
|                      | o calculate the total average monthly paym<br>creditor in the 60 months after you file for ba   | ent, add all amounts that are contractually due  | e to each secured  |                                      |             |              |
|                      |   | nkruptcy. Then divide by 60.   |  |                                      |             |              |
|                      | Mortgages on your home  | nkruptcy. Then divide by 60.   |  |                                      | erage mon   | thly         |
| 332                  | Canadina Oh hara  | ,  |  | pa                                   | yment       |              |
| 33a.                 | Copy line 9b here   | nkruptcy. Then divide by 60.   | =:   | pa                                   | yment       | 2.34         |
|                      | Copy line 9b here  Loans on your first two vehicles   |  |  | pa                                   | yment<br>64 | 2.34         |
| 33b.                 | Copy line 9b here  Loans on your first two vehicles  Copy line 13b here   |  | =>   | > \$_<br>> \$_                       | yment 64    | 2.34<br>5.62 |
|                      | Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here   |  | =>   | > \$_<br>> \$_                       | yment 64    | 2.34         |
| 33b.<br>33c.<br>33d. | Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  |  | =>   | > \$_<br>> \$_<br>> \$_              | yment 64    | 2.34<br>5.62 |
| 33b.<br>33c.<br>33d. | Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here   |  | =>   | > \$_<br>> \$_<br>> \$_              | yment 64    | 2.34<br>5.62 |
| 33b.<br>33c.<br>33d. | Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  |  | Does payment include taxes or insurance?                                 | > \$_<br>> \$_<br>> \$_              | yment 64    | 2.34<br>5.62 |
| 33b.<br>33c.<br>33d. | Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt   |  | Does payment include taxes or insurance?                                 | > \$_<br>> \$_<br>> \$_              | yment 64    | 2.34<br>5.62 |
| 33b.<br>33c.<br>33d. | Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  |  | Does payment include taxes or insurance?                                 | > \$_<br>> \$_<br>> \$_              | yment 64    | 2.34<br>5.62 |
| 33b.<br>33c.<br>33d. | Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt   |  | Does payment include taxes or insurance?                                 | > \$_<br>> \$_<br>> \$_              | yment 64    | 2.34<br>5.62 |
| 33b.<br>33c.<br>33d. | Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt   |  | Does payment include taxes or insurance?                                 | > \$_<br>> \$_<br>> \$_              | yment 64    | 2.34<br>5.62 |
| 33b.<br>33c.<br>33d. | Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt   |  | Does payment include taxes or insurance?  No Yes  No Yes                 | pa;                                  | yment 64    | 2.34<br>5.62 |
| 33b.<br>33c.<br>33d. | Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt   |  | Does payment include taxes or insurance?  No Yes  No Yes  No No          | pa; \$ _ \$ _ \$ _ \$ _ \$ _ \$ _ \$ | yment 64    | 2.34<br>5.62 |
| 33b.<br>33c.<br>33d. | Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt   |  | Does payment include taxes or insurance?  No Yes  No Yes                 | pa; \$ _ \$ _ \$ _ \$ _ \$ _ \$ _ \$ | yment 64    | 2.34<br>5.62 |
| 33b.<br>33c.<br>33d. | Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt   |  | Does payment include taxes or insurance?  No Yes  No Yes  No Yes  No Yes | pat                                  | yment 64    | 2.34<br>5.62 |

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**Chapter 13 Calculation of Your Disposable Income** 

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| No  | Go to line 35.  |   |   |                                      |        |                 |                        |           |                |
|---|---|---|---|--------------------------------------|--------|-----------------|------------------------|-----------|----------------|
|   | State any amount that you   | ossession of your property  |   |                                      |        |                 |                        |           |                |
| Name of the   | creditor  | Identify property that sec  | ures the debt   |                                      | То     | tal cure amount |                        | Monthly ( | cure           |
| -NONE-  |   |   |   | \$                                   |        |                 | ÷ 60 = \$              | amount    |                |
|   |   |   |   |                                      | _      |                 | ¬                      |           |                |
|   |   |   |   | Total                                | \$     | 0.00            | Copy<br>total<br>here= | > \$      | 0.0            |
|   | owe any priority claims - s<br>past due as of the filing d  |   |   |                                      |        |                 |                        |           |                |
| _   | Go to line 36.  |   |   | •                                    |        |                 |                        |           |                |
| ■ Yes.  | Fill in the total amount of a   | all of these priority claims.   | Do not includ   | e current or                         |        |                 |                        |           |                |
|   | 0 01  | ch as those you listed in li  | ne 19.  |                                      |        |                 |                        |           |                |
|   | Total amount of all past-   | due priority claims   |   |                                      | \$     | 1,650.00        | ÷ 60                   | \$        | 27.5           |
| 6. Projecte   | d monthly Chapter 13 pla  | n payment   |   |                                      | \$     | 665.00          |                        |           |                |
|   | nultiplier for your district as   | stated on the list issued by  | the Adminis   | trative                              |        |                 |                        |           |                |
| the Exec  | the United States Courts (futive Office for United State  | s Trustees (for all other di  | North Carolinatricts).  | na) or by                            | Х      | 4.40            |                        |           |                |
| the Exec<br>To find a li  | utive Office for United State ist of district multipliers that inclu  | es Trustees (for all other di   | North Carolinatricts).  Ing the link spec                         | na) or by                            | X      | 4.40            |                        |           |                |
| the Exec<br>To find a li<br>separate ii   | utive Office for United State   | es Trustees (for all other di<br>udes your district, go online usi<br>t may also be available at the b                              | North Carolinatricts).  Ing the link spec                         | na) or by                            | x _    | \$\$29.26       | Copy tot<br>here=>     |           | 29.2           |
| the Exec<br>To find a li<br>separate ii<br>Average<br>7. Add all  | utive Office for United State ist of district multipliers that inclunstructions for this form. This lis   | es Trustees (for all other dia<br>des your district, go online usin<br>t may also be available at the b<br>ense                     | North Carolinatricts).  Ing the link spec                         | na) or by                            | x _    | 20.26           |                        |           | 29.2<br>744.72 |
| the Exec<br>To find a li<br>separate ii<br>Average<br>7. Add all<br>Add line  | utive Office for United State ist of district multipliers that inclu- nstructions for this form. This lis monthly administrative exp  of the deductions for dek   | es Trustees (for all other dia<br>des your district, go online usin<br>t may also be available at the b<br>ense                     | North Carolinatricts).  Ing the link spec                         | na) or by                            | X _    | 20.26           |                        | \$        |                |
| the Exec To find a li separate ii  Average  7. Add all Add line otal Deduc  | utive Office for United State ist of district multipliers that inclusive structions for this form. This list monthly administrative export of the deductions for deless 33e through 36.   | es Trustees (for all other diades your district, go online usint may also be available at the bense                                 | North Carolinatricts).  Ing the link spec                         | na) or by                            | × [    | 20.26           |                        | \$        |                |
| the Exec To find a li separate ii  Average  7. Add all Add line otal Deduc Copy lir                                 | utive Office for United State ist of district multipliers that inclu- instructions for this form. This lis monthly administrative exp  of the deductions for det es 33e through 36.  etions from Income  of the allowed deductions are 24, All of the expenses are                      | es Trustees (for all other diades your district, go online usint may also be available at the bense                                 | North Carolinatricts).  Ing the link spec                         | na) or by                            |        | 20.26           |                        | \$        |                |
| the Exec To find a li separate ii  Average  7. Add all Add line otal Deduc Copy lir expense                         | utive Office for United State ist of district multipliers that inclu- instructions for this form. This lis monthly administrative exp  of the deductions for det es 33e through 36.  etions from Income  of the allowed deductions are 24, All of the expenses are                      | es Trustees (for all other diades your district, go online usint may also be available at the bense  of payment.  Illowed under IRS | North Carolii<br>stricts).<br>ng the link spec<br>ankruptcy clerk | na) or by                            | -<br>[ | 20.26           |                        | \$        |                |
| the Exec To find a li separate ii  Average  7. Add all Add line  otal Deduc  8. Add all c Copy lir expense Copy lir | utive Office for United State ist of district multipliers that inclu- instructions for this form. This lis monthly administrative exp  of the deductions for det es 33e through 36.  etions from Income of the allowed deductions are 24, All of the expenses are etions and allowances | es Trustees (for all other diades your district, go online usint may also be available at the beense of payment.  Illowed under IRS | North Carolin stricts).  Ing the link speciankruptcy clerk  \$ \$ | na) or by diffied in the c's office. | 1<br>0 | 20.26           |                        | \$        |                |

☐ Increase

☐ Decrease

☐ Increase

☐ Decrease

| Part 2:                            | Determine You   | ur Disposable Income Under 11 U.S.C. § 1325   | (b)(2)  |  |                             |
|------------------------------------|---|---|---|--|-----------------------------|
|                                    |   | rent monthly income from line 14 of Form 12<br>Current Monthly Income and Calculation of C  |   |  | \$ 7,007.69                 |
| <b>childr</b><br>disabil<br>receiv | b). Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. |   |   |  | ).00                        |
| emplo<br>in 11 l                   | <ol> <li>Fill in all qualified retirement deductions. The monthly total of all amounts that your<br/>employer withheld from wages as contributions for qualified retirement plans, as specified<br/>in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as<br/>specified in 11 U.S.C. § 362(b)(19).</li> </ol>  |   |   |  | 1.79                        |
| 42. Total                          | of all deduction  | ons allowed under 11 U.S.C. § 707(b)(2)(A). Co  | opy line 38 here=   | > \$ 6,203   | 3.53                        |
| expen<br>their e                   | ses and you hax<br>expenses. You  | ial circumstances. If special circumstances just<br>ave no reasonable alternative, describe the spec<br>must give your case trustee a detailed explanation<br>ocumentation for the expenses.  | cial circumstances an   | nd   |                             |
| Describe                           | the special ci  | rcumstances   | Amount of expe  | ense   |                             |
|                                    |   |   | \$  |  |                             |
|                                    |   |   | \$  |  |                             |
| _                                  |   |   | · · <del></del>   |  |                             |
|                                    | \$  |   |   |  |                             |
|                                    |   | Total \$  | 0.00  | Copy<br>here=>\$   | 0.00                        |
| 44. Total                          | adjustments.  | Add lines 40 through 43.  | => (  | 6,475.32   | Copy<br>here=> -\$ 6,475.32 |
| 45. Calcu                          | late your mon   | thly disposable income under § 1325(b)(2). S  | Subtract line 44 from   | line 39.   | \$532.37                    |
| Part 3:                            | Change in Inc   | ome or Expenses   |   |  |                             |
| have d<br>time y<br>you file       | changed or are<br>our case will be<br>ed your petitior  | or expenses. If the income in Form 122C-1 or the virtually certain to change after the date you file to open, fill in the information below. For example, check 122C-1 in the first column, enter line 2 in when the increase occurred, and fill in the arm | ed your bankruptcy pe<br>e, if the wages report<br>in the second columr | etition and during the<br>ed increased after<br>n, explain why the | ,                           |
| Form                               | Line  | Reason for change   | Date of change  | Increase or decrease?  | Amount of change            |
| ☐ 122C-1<br>☐ 122C-2               |   |   |   | ☐ Increase ☐ Decrease  | \$                          |
| ☐ 122C-1                           |   |   |   | ☐ Increase   | \$                          |

Official Form 122C-2

■ 122C-1

☐ 122C-2

■ 122C-1

■ 122C-2

| ebtor 1 | Michele A. Williams   | Case number (if known)   |  |
|---------|---|--|--|
|         |   |  |  |
| Part 4: | Sign Below  |  |  |
| E       | By signing here, under penalty of perjury you declare             | that the information on this statement and in any attachments is true and correct. |  |
|         | /s/ Michele A. Williams Michele A. Williams Signature of Debtor 1 |  |  |
| _       | December 15, 2015 MM / DD / YYYY                                  |  |  |

| or 1 Michele A. Williams | Case number (if known) |  |
|--------------------------|------------------------|--|
|                          |                        |  |

#### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 06/01/2015 to 11/30/2015.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: F&M Trust Company

Income by Month:

| 6 Months Ago: | 06/2015            | \$3,584.00 |
|---------------|--------------------|------------|
| 5 Months Ago: | 07/2015            | \$3,582.00 |
| 4 Months Ago: | 08/2015            | \$3,584.00 |
| 3 Months Ago: | 09/2015            | \$3,601.50 |
| 2 Months Ago: | 10/2015            | \$5,376.00 |
| Last Month:   | 11/2015            | \$3,636.50 |
|               | Average per month: | \$3,894.00 |

| Michele A. Williams | Case number (if known) |
|---------------------|------------------------|
|---------------------|------------------------|

#### **Current Monthly Income Details for the Debtor's Spouse**

#### **Spouse Income Details:**

Debtor 1

Income for the Period **06/01/2015** to **11/30/2015**.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: C&C Assembly

Income by Month:

| 6 Months Ago: | 06/2015            | \$4,357.34 |
|---------------|--------------------|------------|
| 5 Months Ago: | 07/2015            | \$2,500.00 |
| 4 Months Ago: | 08/2015            | \$2,209.83 |
| 3 Months Ago: | 09/2015            | \$3,290.10 |
| 2 Months Ago: | 10/2015            | \$3,935.47 |
| Last Month:   | 11/2015            | \$3,689.42 |
|               | Average per month: | \$3,330,36 |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### United States Bankruptcy Court Middle District of Pennsylvania

| In r | Michele A. Williams   | <b>y</b>   | Case No.                              |                            |             |
|------|---|--|---------------------------------------|----------------------------|-------------|
|      |   | Debtor(s)  | Chapter                               | 13                         |             |
|      | DISCLOSURE OF COMPE   | ENSATION OF ATTOR  | RNEY FOR DE                           | EBTOR(S)                   |             |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the filibe rendered on behalf of the debtor(s) in contemplation  | ing of the petition in bankruptcy,   | or agreed to be paid                  | to me, for services rende  | ered or to  |
|      | For legal services, I have agreed to accept   |  | \$                                    | 4,000.00                   |             |
|      | Prior to the filing of this statement I have received   |  | \$                                    | 510.00                     |             |
|      | Balance Due   |  |                                       | 3,490.00                   |             |
| 2.   | The source of the compensation paid to me was:  |  |                                       |                            |             |
|      | ■ Debtor □ Other (specify):   |  |                                       |                            |             |
| 3.   | The source of compensation to be paid to me is:   |  |                                       |                            |             |
|      | ■ Debtor □ Other (specify):   |  |                                       |                            |             |
| 4.   | ■ I have not agreed to share the above-disclosed com  | pensation with any other person  | unless they are mem                   | bers and associates of my  | y law firm. |
|      | ☐ I have agreed to share the above-disclosed compensopy of the agreement, together with a list of the national state.   |  |                                       |                            | firm. A     |
| 5.   | In return for the above-disclosed fee, I have agreed to a   | render legal service for all aspects   | s of the bankruptcy c                 | ase, including:            |             |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and rend</li> <li>b. Preparation and filing of any petition, schedules, state.</li> <li>c. Representation of the debtor at the meeting of credit</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and applications of the secured creditors of the reaffirmation agreements and applications.</li> </ul> | atement of affairs and plan which<br>tors and confirmation hearing, an<br>reduce to market value; exe<br>tons as needed; preparation | may be required; ad any adjourned hea | rings thereof;             | ng of       |
| 5.   | By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any disany other adversary proceeding.  |  |                                       | es, relief from stay ad    | ctions or   |
|      |   | CERTIFICATION  |                                       |                            |             |
|      | I certify that the foregoing is a complete statement of an bankruptcy proceeding.   | ny agreement or arrangement for  | payment to me for re                  | epresentation of the debto | or(s) in    |
| _[   | December 15, 2015   | /s/ Stephen Wade   |                                       |                            | _           |
| 1    | Date  | Stephen Wade Pa<br>Signature of Attorne  |                                       |                            |             |
|      |   | Mooney and Asso  |                                       |                            |             |
|      |   | 230 York Street  |                                       |                            |             |
|      |   | Hanover, PA 1733   |                                       | 2                          |             |
|      |   | (717) 632-4656 Fi<br>info@mooney4lav   |                                       | 4                          |             |
|      |   | Name of law firm   |                                       |                            | _           |
|      |   |  |                                       |                            |             |

#### **United States Bankruptcy Court** Middle District of Pennsylvania

| In re  | Michele A. Williams |                         | Case No. |    |  |  |  |  |  |
|--|---------------------|-------------------------|----------|----|--|--|--|--|--|
|  |                     | Debtor(s)               | Chapter  | 13 |  |  |  |  |  |
| VERIFICATION OF CREDITOR MATRIX  |                     |                         |          |    |  |  |  |  |  |
| The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge. |                     |                         |          |    |  |  |  |  |  |
| Date:  | December 15, 2015   | /s/ Michele A. Williams |          |    |  |  |  |  |  |

Signature of Debtor